



MnFIRE AWARE DEPARTMENT FORM

FIRE DEPARTMENT/MNFIRE AMBASSADOR INFORMATION

Department Name	_____	# of Members	_____
Department Address	_____		
City/State/Zip	_____		
Chief Name	_____		
MnFIRE Ambassador	_____		
Ambassador Phone	Dept Type (circle one)	VOL/POC	COMBO FT
Ambassador Email	_____		

TRAINING INFORMATION – DATES/ATTENDANCE

Awareness Training Date	_____	# in Attendance	_____
Cancer Training Date	_____	# in Attendance	_____
Cardiac Training Date	_____	# in Attendance	_____
Emotional Trauma Training Date	_____	# in Attendance	_____
Sleep Training Date	_____	# in Attendance	_____
Fitness/Nutrition Training Date	_____	# in Attendance	_____

CERTIFICATION LEVELS

If your department meets these requirements, you are eligible to earn MnFIRE Aware certification at the following levels:

BRONZE	SILVER	GOLD
<ul style="list-style-type: none">Conducts annual wellness training on key topics such as diet, fitness, cardiac, cancer and mental health80% or more of department members have completed MnFIRE AWARENESS Training	<ul style="list-style-type: none">All Bronze requirements have been metDepartment has identified a MnFIRE "ambassador" to serve as a liaison and a champion for firefighter wellnessDepartment has created a wellness committee to address firefighter safety and health	<ul style="list-style-type: none">All Bronze and Silver requirements have been met80% or more of department members have completed ALL MnFIRE trainings.

I attest that _____ Fire Department has met the requirements of the
BRONZE, SILVER, GOLD (circle one) Level as stated above.

Chief Signature _____ Date _____

RETURN COMPLETED FORM TO: djankovich@mnfireinitiative.com or mail to MnFIRE Initiative, 28711 Holly Drive NW, Isanti, MN 55040