INSTRUCTORS WANTED:

Are you interested in providing training to the volunteer fire departments within Saskatchewan?

T H E N W E W A N T Y O U!

Please take the time to fill in this registration form and either fax, mail or e-mail to:
S.V.F.F.A.
Box 1027, Grenfell, Sask. S0G 2B0
Phone: (306) 697-2627 / Fax: (306) 697-3122
E-mail: svffa@sasktel.net

Name of Instructor: _____

Mailing Address: _____
Box# or Street Address **Town** **Prov** **Postal Code**

Telephone Numbers: _____
Residence **Business** **Cell / E-Mail** **Fax**

Current S.V.F.F.A. Membership Status:

_____ Active **_____ Associate**

Name of Fire Department or Company: _____

Name of Fire Chief or Contact Person: _____

Instructor Status: (Please check all that apply)

Volunteer Instructor _____
Professional Instructor _____
Part Time Paid Instructor _____

May we make your name available to our membership at large for purposes of training ?
Yes? _____ **No? _____**

Instructor Qualifications: (use separate sheet if necessary)

Certificate Name	Certifying Agency	Year Attained	Expiry Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____