

Training Announcement

L-280, Followership to Leadership

Nominations due February 26, 2010

Minimum number of students: 6

Maximum number of students: 24

Course Description:

This training course is designed as a self-assessment opportunity for individuals preparing to step into a leadership role. The course combines one day of classroom instruction followed by a second day in the field with students working through a series of problem solving events in small teams (Field Leadership Assessment Course). Topics include: leadership values and principles, transition challenges for new leaders, situational leadership, team cohesion factors, ethical decision-making, and after action review technique.

DATES OF CLASSES: March 22-23, 2010
8:00am-5:00pm

PREREQUISITES: Experience on incident assignments in operations or support functions.
Human Factors on the Fireline (L-180).
Completion of pre-course work assignment.

TARGET GROUP: Personnel desiring to be qualified as a single resource boss.

LOCATION: Chelan County Fire District #7 Facility
232 Wapato Ave.
Chelan, Wa. 98816

LEAD INSTRUCTOR: Josh Verellen

COURSE COORDINATORS:
Josh Verellen
Office: (509) 682-4139
Cell: (509) 470-1125
Fax: (509) 682-9004
jverellen@fs.fed.us

Janeen Tervo
Office: (509) 682-4952
Fax: (509) 682-9004
jtervo@fs.fed.us

Mail, email, or fax nominations to Josh Verellen or Janeen Tervo.

Chelan Ranger District
428 West Woodin Ave.
Chelan, Wa. 98816

**NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS**

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number L-280	Course Name Followership to Leadership				PRIORITY ____ of ____					
IQCS Session Number	Course Location Chelan, WA				Course Date(s) March 22-23, 2010					
Course Tuition (if required)	Course Coordinator Name (First Last) Josh Verellen				Course Coordinator Phone Number 509-682-4139					
Course Coordinator E-Mail jverellen@fs.fed.us	Course Coordinator FAX Number 509-682-9004				Date Submitted					
Employee's IQCS ID Number:										
Nominee's Name (First MI Last)										
Working Job Title						E-Mail				
Agency Name						Fax				
Home Unit					Nominee's Mailing Address (if different)					
Street					Street					
City				State		City			State	
Zip		Telephone			Zip		Telephone			
List training completed and dates pertinent to this course:										
List your past qualifications pertinent to this course:										
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)										
Training Officer's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)										
Remarks:										