



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

TRAINING ANNOUNCEMENT L-280 FOLLOWERSHIP TO LEADERSHIP

NOMINATIONS DUE JUNE 12TH, 2010

Minimum number of students: 15

Maximum number of students: 24

L-280: Followership to Leadership is an introductory course. The course involves 2-4 hours of pre-course work and 16 contact hours. The contact hours include one day of classroom instruction and one day in the field with students working through a series of problem solving events in small teams. It is designed as a self-assessment opportunity for individuals preparing to step into a leadership role.

Course Goals:

- **Students will demonstrate an understanding of fundamental leadership principles.**
- **Students will assess their individual traits and their motivation for entering into a leadership role.**

DATES OF CLASSES: July 10-11, 2010

PREREQUISITES: Qualified FFT2 and completed L-180.

TARGET GROUP: Firefighter Type 1

**LOCATION: Tom Craven Conference Room – Cle Elum Ranger District
803 W. 2nd Street Cle Elum, WA.**

COURSE COORDINATOR:

**Jason Seldal
Cle Elum RD - USFS
803 W. 2nd Street
Cle Elum, WA. 98922
509-852-1064
FAX: 509-674-4690**

jseldal@fs.fed.us

Mail, e-mail or FAX registrations to: Jason Seldal

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 Tom Craven Conference Room - Cle Elum, WA.	Course Date(s) 7-10-11-2010
Course Tuition (if required)	Course Coordinator Name (First Last) Jason Seldal	Course Coordinator Phone Number 509-852-1064
Course Coordinator E-Mail jseldal@fs.fed.us	Course Coordinator FAX Number 509-674-4690	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.)		
Supervisor'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:		