Office of the Fire Commissioner

Search and Rescue Manitoba

Volunteer Tasking # Application

**Tasking # Issued:**

**Name of Applicant:**

**GSAR Team/Chapter (MAD):**

**Date(s) of Proposed Activity:**

**Time of Proposed Activity:**

 Start time

 Finish time

**SARMAN Activity Planned:**

Training:

Prevention:

Meetings:

Location of Activity:

**Summary of Activity Planned:**

[ ]  **Staff Development** [ ]   **Continuing Education** [ ]   **Exercise**

**Date of Request:**

**OFC Comments:**

[ ]  Approved [ ]  Not Approved

After Action Report (training report) Completed

[ ]  Attached to report [ ]  Not Completed

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 **OFC SARMAN Coordinator**