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**