Emergency ManagementBC

REQUEST FOR YEARS OF SERVICE PINS
PUBLIC SAFETY LIFELINE VOLUNTEERS

(Check one per submission) **Search and Rescue (SAR)** ☐ **Road Rescue** ☐

PEP Air ☐ **Emergency Radio** ☐ **Emergency Social Services (ESS)** ☐

Community/Group Name: _____

Contact Name: _____ Contact Phone #:_____

Shipping Address: _____

_____

Volunteer Names	Total years of service	Years of Service Pin to be Awarded							
		5	10	15	20	25	30	35	40
TOTALS									

Date Submitted to Regional Office: _____

Group Leader/ESSD/Emergency Program Coordinator: _____

Upon completion of request please forward to the applicable Provincial Emergency Program Regional Office. Pins will be forwarded through the Regional Offices.

Date: _____ PEP Regional Office: _____

Date: _____ PEP Victoria: _____