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| 1. **INCIDENT NAME**
 |       | 1. **OPERATIONAL PERIOD**
 |
| **DATE: FROM:**       **TO:**      **TIME: FROM:**       **TO:**       |
| 1. **REGISTRATION INFORMATION**
 |
| **NAME**(LAST NAME, FIRST NAME) | **CERTIFICATION**/**LICENSURE & NUMBER** | **ID NUMBER** (DRIVERS LICENSE OR SSN) | **ADDRESS**(CITY, STATE, ZIP) | **CONTACT INFO** (PHONE, CELL) | **REFERENCE CHECK** | **SIGNATURE** |
|       |       |       |       |       |       |       |
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| 1. **PREPARED BY**
 | **PRINT NAME:** |       | **SIGNATURE:** |       |  |
| **DATE/TIME:** |       | **FACILITY:** |       |  |
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**INSTRUCTIONS**

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| **PURPOSE:** | Documents volunteer sign in and sign out for each Operational Period. |
| **ORIGINATION:** | Logistics Section Chief or designee |
| **COPIES TO:** | Planning Section Chief and Finance/Administration Section Chief |
| **NOTES:** | If additional pages are needed, use a blank NHICS 253 and repaginate as needed. Additions may be made to the form to meet the organization’s needs. |
| **NUMBER** | **TITLE** | **INSTRUCTIONS** |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Registration Information** |
| **Name** | Enter the full name of volunteer. |
| **Certification / License and****Number** | If volunteer holds a certification or license, enter type and number. |
| **ID Number** | Enter a Driver’s License number or Social Security Number. |
| **Address** | Enter address. |
| **Contact Info** | Enter phone number. |
| **Reference Check** | References contacted, yes or no.  |
| **Signature** | Signature of volunteer verifying that information is correct. |
| **4** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |