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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. |