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| **1. Incident Name** | | | | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. Registration Information** | | | | | | | | | |
| **Name**  (Last Name, First Name) | **Certification /**  **License and Number** | **ID Number**  (drivers license or SSN) | **Address**  (City, State, Zip) | | **Contact info**  (PHONE, CELL) | Badge Issued | **Badge Returned** | **time in / out** | **Signature** |
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| 4. Prepared by PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

**Purpose:** The HICS 253 -Volunteer Registration is used to document volunteer sign in and sign out for each Operational Period.

**origination:** Completed by the Logistics Section Labor Pool and Credentialing Unit Leader.

**copies to:** Copies are distributed to the Time Unit Leader, Personnel Tracking Manager, and

Documentation Unit Leader.

**Notes:** If additional pages are needed, use a blank HICS 253 and repaginate as needed. Additions

may be made to the form to meet the organization’s needs.

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| 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. |
| **Badge Issued** | Enter yes or no, and number if used. |
| **Badge Returned** | Enter yes or no. |
| **Time In / Out** | Time (24-hour clock) volunteer was in and out. |
| **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. |