



VOLUNTEER STAFF REGISTRATION

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. TEAM LEADER
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5. REGISTRATION

Name (Last Name, First Name)	Address City, State, Zip	Social Security Number	Telephone Number	Certification/Licensure And Number	Time IN	Time OUT	Signature

6. CERTIFYING OFFICER	7. DATE/TIME SUBMITTED
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8. FACILITY NAME

PURPOSE: VOLUNTEER SIGN-IN FOR OPERATIONAL PERIOD. ORIGINATION: LABOR POOL & CREDENTIALING UNIT LEADER.
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