HICS 253 - VOLUNTEER REGISTRATION

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

4. Prepared by PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: To document volunteer information for each operational period
Origination: Labor Pool and Credentialing Unit Leader
Copies to: Time Unit Leader, Personnel Tracking Manager, and Documentation Unit Leader

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