HICS 253 - VOLUNTEER REGISTRATION

1. Incident Name				2. Opera	ational Period (#)			
				DATE:					
				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)	I	CONTACT INFO (PHONE, CELL)	BADGE ISSUED	BADGE RETURNED	TIME IN / OUT	SIGNATURE
4. Prepared by PRINT NAME:									
DA	DATE/TIME: FACILITY:								



HICS 253 - VOLUNTEER REGISTRATION

- **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.

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	gistration 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.						

