HICS 253 - VOLUNTEER REGISTRATION

1. Incident Name	**2. Operational Period** (# 1)
ST. ELSEWHERE LOSS OF WATER	DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200

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
Achatz, Grant	A12345	CA12345	1234 Sunshine Way, Sunshine, CA 12345	(123) 123-1234	Yes	Yes	1000/ 1800	*Grant Achatz*
Chanel, Coco	B12345	CA67890	6789 Sunshine Dr., Sunshine, CA 67890	(678) 678-6789	Yes	Yes	1115/ 1900	*Coco Chanel*

4. Prepared by   PRINT NAME: Kris Kringle   SIGNATURE: *Kris Kringle*

DATE/TIME: 19-DEC-2019   FACILITY: St. Elsewhere Hospital

HOSPITAL INCIDENT COMMAND SYSTEM

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**	
	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.