

NHICS 253 | VOLUNTEER REGISTRATION



1. INCIDENT NAME						2. OPERATIONAL PERIOD
			DATE:	FROM:	TO:	
			TIME:	FROM:	TO:	
3. REGISTRATION INFORMATION						
NAME (LAST NAME, FIRST NAME)	CERTIFICATION/ LICENSURE & NUMBER	ID NUMBER (DRIVERS LICENSE OR SSN)	ADDRESS (CITY, STATE, ZIP)	CONTACT INFO (PHONE, CELL)	REFERENCE CHECK	SIGNATURE
4. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____			
	DATE/TIME: _____		FACILITY: _____			

PURPOSE: TO DOCUMENT VOLUNTEER INFORMATION FOR EACH OPERATIONAL PERIOD
ORIGINATION: LOGISTICS SECTION CHIEF OR DESIGNEE
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND PLANNING SECTION CHIEF

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INSTRUCTIONS

- PURPOSE:** Documents volunteer sign in and sign out for each Operational Period.
- ORIGINATION:** Logistics Section Chief or designee
- COPIES TO:** Planning Section Chief and Finance/Administration Section Chief
- NOTES:** If additional pages are needed, use a blank NHICS 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.
	Reference Check	References contacted, yes or no.
	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.