



NHICS FORM 253 | VOLUNTEER STAFF REGISTRATION

1. FACILITY NAME:			
2. FROM DATE/TIME:		3. TO DATE/TIME:	

4. REGISTRATION						
NAME <small>(LAST NAME, FIRST NAME)</small>	ADDRESS <small>(INCLUDE CITY, STATE, ZIP)</small>	SOCIAL SECURITY NUMBER	TELEPHONE	CERTIFICATION/ LICENSURE & NUMBER	REFERENCE CHECK	SECTION ASSIGNMENT

5. CERTIFYING OFFICER:		6. DATE/TIME SUBMITTED:	
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PURPOSE: VOLUNTEER SIGN-IN FOR OPERATIONAL PERIOD
ORIGINATION: FINANCE ADMINISTRATION/TIME UNIT LEADER
COPIES TO: LOGISTICS CHIEF STAFF, SCHEDULE UNIT LEADER