

HICS 253 – VOLUNTEER STAFF REGISTRATION

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. TEAM LEADER
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5. REGISTRATION

Name <i>(Last Name, First Name)</i>	Address <i>City, State, Zip</i>	Social Security Number	Telephone Number	Certification/Licensure and Number	Time IN	Time OUT	Signature

6. CERTIFYING OFFICER	7. Date/Time Submitted:
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8. Facility Name