

CERT MEMBER SIGN-IN

Activity Name: _____

PLEASE PRINT CLEARLY

Date: _____

LEGEND: Name: First, Last; **Time In /Time Out:** 24 hour format; **Qualifications:** Current FA, CPR, AED, BBP, ODL, CDL, EMT, RN, DR. **Specialties:** ICS, Radio, Rescue, Pilot, Backhoe, Chainsaw, Secretarial, etc. **Radio Training:** H=Ham, Y=Trained, N=Cannot operate; **Base:** G=Grove, O=Oak Knoll, OT=Other

Can Text Message Well
Field Ready (ID, PPE, etc.)
Radio Training (H, Y, N)
Base (G, O, B, L, T, ,OT)

#	Name	Time In	Time Out	Qualifications/ Specialties	Cell Phone #					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										