


CHECK-IN LIST		TASK #		TASK NAME		CHECK-IN LOCATION		FOR OP. PERIOD #														
		GROUP NAME:						FOR PERIOD: _____														
								TO: _____														
#	PRINT NAME	✓ CHECK APPLICABLE QUALIFICATIONS														VOLUNTEER ADDRESS & PHONE #	NEXT OF KIN & PHONE #	TIME IN	MUST BE OUT BY	TIME OUT	HRS	Km/ Mi
		GSTL	SMGR	RRTM	RRTL	SSO	SRT	TRCK A	TRCK 1	TRCK 2	MR 1	MR 2	MR 3	OAR	OAR TL							
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ICS 211	PAGE ____ OF ____	I certify the People Checked-Off Above Attended This Task:		ICS 211	PAGE TOTALS:		
		Task Leader: _____					