

Date & Time Return	ASSIGNMENT	Date & Time Assigned

ASSIGNMENT RECORD

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE INITIAL:
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RESOURCE ASSIGNMENT RECORD



RESOURCE INFORMATION CARD (ICS 212 M)



1. LAST NAME:		2. FIRST NAME:		3. MIDDLE INITIAL:	
4. HOME NEIGHORHOOD			5. SFPD DISTRICT STATION		
6. How long are you available fo volunteer? _____ Day(s) _____ Hour(s)			7. Time that you MUST be released, if any. _____		
8. Deployment Restriction - CHECK OFF any activities that you CANNOT or wish not to undertake during this deployment: [] FIELD DEPLOYMENT [] OFFICE SUPPORT [] LIGHT/HEAVY LIFTING [] OTHER _____					
9. P.O.S.T. Certificate: [] NO [] YES			Level: _____		
10. ICS EXPERIENCE: [] NONE [] SOME [] CONFIDENT					
11. MEDICAL EXPERIENCE: { } NONE [] FIRST AID [] EMERGENCY RESPONDER [] EMT OR HIGHER					
12. FCC HAM LICENSED [] NO [] YES IF YES, CALL-SIGN: _____					
13. DRIVING LICENSE: [] NO [] YES		ISSUING STATE	TYPE/CLASS	LICENSE NUMBER	
14. EXPERIENCE: [] CARPENTRY [] CONSTRUCTION [] ELECTRICAL [] HEAVY EQUIPMENT [] HVAC [] PLUMBING [] OTHER: _____					
15. LANGUAGE SPOKEN: OHER THAN ENGLISH: _____					

EMERGENCY CONTACT INFORMATION

THIS INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL . FOR USE ONLY BY S.F. POLICE ALERT PROGRAM FOR TRACKING, IDENTIFICATION AND EMERGENCY SITUATION

PLEASE BLOCK PRINT CLEARLY

16. Your Street Address		
17. City	18. State	19. Zip Code
20. Cell Phone	21. Home Phone	
21. E-Mail Address		

MEDICAL CONDITION

23. Are you currently being treated for ANY Medical condition that may affect you during your deployment with ALERT? [] No [] YES	If YES , please explain:
24. Do you Carry any MEDICATION with you, that maybe administered in an Emergency? [] No [] YES	If YES , please explain and location:

CONTACT INFORMATION

25. Primary Contact Name:		
26. Address:		
27. City:	28. State:	29. Zip Code:
30. Primary Phone:	31. Alternative Phone:	
32. Relationship	33. Additional Information / Comment:	

34. Secondary Contact Name:		
35. Address:		
36. City:	37. State:	38. Zip Code:
39. Primary Phone:	40. Alternative Phone:	
41 Relationship	42. Additional Information / Comment:	

I hereby authorize the SFPD ALERT program to use this information and contact the individual(s) in the event that I am injured and to provide this information to medical personnel as it may deemed necessary, to provide immediate first aid or advance medical care.

Signature _____

Date _____