



SWO EMS Equipment Use Form

Date:	
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Volunteer Information

First Name:		Last Name:	
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Volunteer Category:

Tribal Employee	<input type="checkbox"/>	Department Employed:	
Other Employee	<input type="checkbox"/>	Place of Employment:	
Unemployed	<input type="checkbox"/>	Address:	

Equipment Utilized

List Equipment Utilized:

1)
2)
3)
4)
5)

Start Time	End Time	Total Time

Description of Duties

Assistance Category (check all that apply):

Emergency Shelter	<input type="checkbox"/>	District/Locations:
Debris Removal	<input type="checkbox"/>	District/Locations:
Roads Assistance	<input type="checkbox"/>	District/Locations:
Other:	<input type="checkbox"/>	Describe:

Authorization

Volunteer Signature:		Date:	
Supervisor Signature:		Date:	

For Office Use Only			
Rate of Pay:		Mileage Rate:	
		EMS Initials:	