

MEDFORD VOLUNTEER AMBULANCE, INC

DUTY CREW SHIFT

DATE _____

STARTING TIME _____

ENDING TIME _____

**I HEREBY CERTIFY THAT DURING THE ABOVE DATE AND TIME I
WAS ON CALL AND AVAILABLE TO RESPOND.**

NAME _____

SHIELD # _____

COMMENTS: _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

LOASP COPY

TRAINING OFFICERS COPY

PLEASE PLACE ONLY ONE COPY IN THE PCR BOX FOR EACH DATE/SHIFT

PLEASE NOTE THIS FORM IS IN ADDITION TO SIGNING THE SHIFT BOOK.

Form revised 9/11/07 KS