

**MEDFORD VOLUNTEER AMBULANCE
UNIFORM SIGN OUT SHEET**

NAME	SHIELD #	INITIALS
ITEM RECEIVED	<input type="checkbox"/> TURN OUT GEAR	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
	<input type="checkbox"/> POLO SHIRT SIZE	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
DRESS UNIFORM	<input type="checkbox"/> JACKET SIZE	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
	<input type="checkbox"/> PANTS SIZE	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
	<input type="checkbox"/> SHIRT SIZE	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
	<input type="checkbox"/> TIE	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
	<input type="checkbox"/> SHOES SIZE	<input type="checkbox"/> OLD <input type="checkbox"/> NEW
OTHER ITEM(S)		<input type="checkbox"/> OLD <input type="checkbox"/> NEW

DATE OF APPROVAL FOR DISPERSAL OF UNIFORM(S) _____

OFFICERS NAME

SIGNATURE OF UNIFORM COMMITTEE CHAIR/CO-CHAIR

SIGNATURE OF ADDITIONAL UNIFORM COMMITTEE MEMBER

I HEREBY CONFIRM WITH MY SIGNATURE THAT I HAVE RECEIVED THE ABOVE ITEMS IN GOOD OR NEW CONDITION. I UNDERSTAND THAT THESE ITEMS ARE THE PROPERTY OF MEDFORD VOLUNTEER AMBULANCE AND AGREE TO TAKE PROPER CARE OF THE ITEMS AND IF REQUESTED TO RETURN SAID ITEMS TO MEDFORD VOLUNTEER AMBULANCE WITHIN 72 HOURS OF RECEIPT OF NOTICE.

SIGNATURE OF MEMBER

ORIGINAL - UNIFORM BOOK

OFFICERS COPY

MEMBERS COPY