

# DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

## LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

**SHADED AREAS REQUIRED BY PROGRAM REGULATIONS**

ATTACH  
PHOTOGRAPH  
HERE

**This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.**

**CLASSIFICATION:** \_\_\_\_\_ **SPECIALTY:** \_\_\_\_\_

**REGISTERING AGENCY OR JURISDICTION:** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**REGISTRATION DATE:** \_\_\_\_\_ **RENEWAL DATES:** \_\_\_\_\_

**EXPIRATION DATE:\*** \_\_\_\_\_ **DSW CARD ISSUED?:** NO? YES? #: \_\_\_\_\_

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TO CENTRAL FILES:** \_\_\_\_\_

|  |       |              |   |                    |                           |                  |             |
|--|-------|--------------|---|--------------------|---------------------------|------------------|-------------|
| <b>NAME: LAST</b>                      |       | <b>FIRST</b> |   | <b>MI</b>          |                           | <b>SSN:</b>      |             |
| <b>ADDRESS:</b>                        |       |              | <b>CITY:</b>                            |                    | <b>STATE</b>              |                  | <b>ZIP:</b> |
| COUNTY:                                |       |              | HOME PHONE:                             |                    | WORK PHONE:               |                  |             |
| PAGER:                                 |       |              | E-MAIL:                                 |                    | DATE OF BIRTH: (optional) |                  |             |
| DRIVER LICENSE NUMBER: (if applicable) |       |              | DRIVER LICENSE CLASSIFICATION: A? B? C? |                    | LICENSE EXPIRATION DATE:  |                  |             |
| OTHER DRIVING PRIVILEGES:              |       |              |   |                    |                           |                  |             |
| IN CASE OF EMERGENCY, CONTACT:         |       |              |   |                    |                           | EMERGENCY PHONE: |             |
| PHYSICAL IDENTIFICATION:               | HAIR: | EYES:        | HEIGHT:                                 | WEIGHT: (optional) | BLOOD TYPE: (optional)    |                  |             |
| COMMENTS:                              |       |              |   |                    |                           |                  |             |

### **PARENT/LEGAL GUARDIAN CONSENT FOR MINOR**

As the parent or legal guardian of \_\_\_\_\_, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**

### **Government Code (GC) §3108-3109:**

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

### **LOYALTY OATH OR AFFIRMATION (GC §3102) If SELF-CERTIFICATION approved by ADC, official's signature and title not required.**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the

**PRINT NAME**

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, California.

**DATE**

**City**

**COUNTY**

**SIGNATURE OF VOLUNTEER**

**DATE**

**SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH**

**TITLE**

\*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)