# *DISASTER SERVICE WORKER [COMMUNITY] 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***

**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:

attach

photograph

here

|  |  |
| --- | --- |
| **name: last first mi**  | ssn: |
| **address:** | **city:** | **state**  | **zip:** |
| county:  | home phone:   | work phone:  |
| pager:  | e-mail:  | date of birth: (optional) |
| driver license number: (if applicable) | driver license classification: a? b? c? other driving privileges: | license expiration date:  |
| 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**

**Disaster Service worker Community Volunteer Agreement**

1. I have never been convicted of any felony, except as follows (insert "None" if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a Disaster Service Worker Community Volunteer, I agree as the follows:

1. I agree that should any situation arise to where I feel I have been threatened, have witnessed a crime, or have been the target of an unlawful act, I will contact the Human Resources Department at (530) 623-1325 and/or the Sheriff's Department at (530) 623-2611, or 911.
2. I am not an employee of Trinity County or any other agency and I serve at the pleasure of the agency that accepts my services. I will not be paid any compensation or reimbursement or expenses.
3. I do not have the authority to enter into contracts or agreements on behalf of the County or any other agency.
4. I am covered by workers' compensation insurance, but there is no medical insurance coverage for me as a volunteer, unless expressly stated herein.
5. I may resign at any time and the County, or other local agency for whom I provide services, may terminate me at any time, without cause. If the volunteer choses, this agreement can be renewed annually.
6. I may use or have access to the equipment, tools, documents and computer disks provided by the County or agency, which shall remain the property of the County or the agency. I agree to return all of said equipment, tools, documents and disks to the County or agency upon termination of services, in good condition, normal wear and tear expected.
7. I will not disclose, directly or indirectly any confidential information or documents to which I may have access as a volunteer or community service worker.

Trinity County and public agencies do not discriminate against any volunteer or applicant for volunteer because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status, disability, or sexual orientation. This policy does not require the County or public agency to accept unqualified volunteers.

The application and agreement is entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) at Trinity County, California.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Officer