

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: CERT TEAM MEMBER _____ **SPECIALTY:** _____

REGISTERING AGENCY OR JURISDICTION: CITY OF WALNUT CREEK _____

SIGNATURE OF AUTHORIZED PERSON: _____ **TITLE:** _____

REGISTRATION DATE: _____ **RENEWAL DATES:** _____

EXPIRATION DATE:* _____ **DSW CARD ISSUED?:** NO? YES? #: _____

PROCESSED BY: MEGAN STEPHENSON _____ **DATE:** _____ **TO CENTRAL FILES:** _____

NAME:	LAST	FIRST	MI	SSN: DO NOT FILL OUT	
ADDRESS:		CITY:	STATE	ZIP:	
COUNTY: CONTRA COSTA COUNTY		HOME PHONE:	CELL PHONE:		
PAGER: XXXXXXXXXXXXXXXXX		E-MAIL:	DATE OF BIRTH: (optional) XXXXXXXXXXXXXX		
DRIVER LICENSE NUMBER: (if applicable) XXXXXXXXXXXXXX		DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE: XXXXXXXXXXXXXX	
IN CASE OF EMERGENCY, CONTACT:			EMERGENCY PHONE:		
PHYSICAL IDENTIFICATION: NOT APPLICABLE	HAIR: NOT APPLICABLE	EYES: NOT APPLICABLE	HEIGHT: NOT APPLICABLE	WEIGHT: (optional) NOT APPLICABLE	BLOOD TYPE: (optional) NOT APPLICABLE
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)
 Cal OES DSW Registration Rev. 8.2016