

UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION
DISASTER SERVICE WORKER VOLUNTEER REGISTRATION AND LOYALTY OATH

* The completion of the information identified by an asterisk (*) is mandatory in accordance with Government Code § 8585.5 and the California Emergency Council Rules and regulations: all other information is voluntary. The purpose of this information is for registration as a Disaster Service Worker (DSW) Volunteer. Any application that does not contain mandatory information will not be accepted.

PRINT LEGIBLY IN BLACK/ BLUE INK OR TYPE

SELECT: NEW APPLICATION OR

RENEWAL RENEWAL DATE: __

* Name: _____
First MI Last

* Address: _____
(NO P.O. BOX) Number Street Apt # City State Zip

E-Mail Address: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

* Classification: CERT

* Specialty Program: San Miguel CERT

* Local Sponsoring Agency: San Miguel Fire Protection District

For new applicants only

* **Loyalty Oath or Affirmation** (Government Code Sec 3102)

I, **(Print Name)** _____, do solemnly swear (or affirm) that I will support and defend the 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; and that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

Taken and subscribed before me on **(Today's Date)** _____.

* _____
Signature of Official Authorized to Administer Loyalty Oath, Title

* _____
Signature of Applicant/DSW Volunteer

Signature of Local Sponsoring Agency Official, Title

* _____
Signature of Parent or Legal Guardian
(if applicant under 18 years of age)

Signature of Director, County OES

The Official responsible for the maintenance of this information and the location filed is as follows:

Disaster Council: Unified San Diego County Emergency Services Organization
Address: Office of Emergency Services
5580 Overland Ave. Ste. 100
San Diego, CA 92123

Responsible Official: Holly Crawford, Director **Phone Number:** 858-565-3490

For Official Use Only:

Registration Date: _____ ID #: _____ DSW Card Print Date: _____

Expiration Date: _____ Staff initials/date: _____