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

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 the minor. SIGNATURE OF PARENT/LEGAL GUARDIAN DATE		This block cor	npleted ONLY by Acc	redited Disaster Council,	designated gove	rnment agency or jurisdiction.	
ATTACH PHOTOGRAPH ILERE REGISTRATION DATE: NAME: LAST REST MI SNC. ADDRESS: COLITY: ILIOME PHONE: DATE:		CLASSIFICATION:	COMMUNICATIONS	<u> </u>	SPECIALTY: RAC	CES/ACS	
REGISTRATION DATE: REDEVAL DATES: EVERY TWO YEARS EXPIRATION DATE: N/A DSW CARD ISSUED?: NO? YES? #: EXPIRATION DATE: TO CENTRAL PLESS: EXPIRATION DATE: TO CENTRAL PLESS: EXPIRATION DATE: TO CENTRAL PLESS: INDEX STATE: ZIP: MAME: LAST FIRST MI SSN: ADDRESS: CLTY: STATE: ZIP: DATE OF BIRTIE: (optional) DRIVER LICENSE NUMBER: (if applicable) DRIVER LICENSE NUMBER: (if applicable) DRIVER LICENSE CLASSIFICATION: A? B? C? LICENSE EXPIRATION DATE: DATE OF BIRTIE: (optional) DRIVER LICENSE NUMBER: (if applicable) DRIVER LICENSE NUMBER: (if applicable) DRIVER LICENSE CLASSIFICATION: A? B? C? LICENSE EXPIRATION DATE: EMERGENCY, CONTACT: EMERGENCY, CONTACT: EMERGENCY, CONTACT: PHYSICAL BAR: EVES: HEIGHT: WEIGHT: (optional) BLOOD TYPE: (optional) 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-ther participation, and I hereby assume these risks on behalf of the minor. SIGNATURE OF PARENT/LEGAL GUARDIAN DATE Based On 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 the person knows to be fastes; is guilty of printy, and is pumilable 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 datrict, or disaster council or emergency organization advocates or downses at momber of any party or options, entry or otherwise, that addition of otherwise,	ATTACH	REGISTERING AGENCY OR JURISDICTION: SANTA CLARA COUNTY OFFICE OF EMERGENCY MANAGEMENT					
REGISTRATION DATE: REPREVAL DATES: EVERY TWO YEARS. EXPIRATION DATE: N/A DSW CARD ISSUED? NO? YES? #: PROCESSED BY: DATE: TO CENTRAL FILES: NAME: LAST FIRST MI SSN: ADDRESS: CITY: STATE: ZIP: COUNTY: HOME PHONE: WORK PHONE: PAGER: E-MAIL: DATE OF BIRTH: (optional) DRIVER LICENS: CLASSIFICATION: A? IV? C? INCIDENT AND ATTE: OTHER DRIVING PRIVILEGES: HEART STATE: DATE OF BIRTH: (optional) BROAD OF SERVING PHONE: PINSICAL DESTIFICATION: HARE: EVEN. HEART STATES WEGGIT: (optional) BLOOD TYPE: (optional) DESTIFICATION: HARE: EVEN. HEART STATES SERVING PRIVILEGES: WEGGIT: (optional) BLOOD TYPE: (optional) PARENT/LEGAL GUARDIAN CONSENT FOR MINOR As the parent or legal guardian of, a minor, I hereby give my full consent and approval for the minor to participate as a DSW volunter. I understand there may be risks of serious boddly injury inherent in DSW volunter activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of the minor. SIGNATURE OF PARENT/LEGAL GUARDIAN DATE Based On Government Code (GC) §3108-3109: Every person who, while taking and subscribing to the outh or affirmation required by this chapter, states as true any material matter which the person knows to be false; is guilty or jerginy, 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 taking and subscribed to the coath or affirmation required by this chapter, who, while in the onphyo of, or service with, the state or any county, ety, city and county, state agency, public district, or dissister council to emergency organization advocates the overtherow of the government of the United States by force or volence or other unlawful means, is guilty or a foliony, and is punishable by imprisonment in the state prison of the United States and the Constitution of the United States and the Constitution of the State of		SIGNATURE OF AL	SIGNATURE OF AUTHORIZED PERSON:		TITLE:		
MAME: LAST FIRST MI SN: ADDRESS: CITY: STATE: ZIP: COUNTY: HOME PHONE: WORK PHONE: DATE OF BIRTH: (optional) DRIVER LICENSE NUMBER: (if applicable) DRIVER LICENSE CLASSIFICATION: A7 B? C? LICENSE EXPIRATION DATE: IN CASE OF EMERGENCY, CONTACT: EMERGENCY PHONE: HISIORITE OF THE DRIVING PRIVILEGES: HEIGHT: (optional) BI COOTYPE: (optional) DENTIFICATION: FYC. A minor, I hereby give my full consent and approval for the minor 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 the minor. SIGNATURE OF PARENT/LEGAL GUARDIAN DATE Based On 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 the person knows to be false, its gulty 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, states as true any material matter which the person knows to be false, its gulty 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, vity, city and counter as gency, public district, or disuster 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. 1,	HERE	REGISTRATION DATE:		RENEWAL DATES: <u>EVERY TWO YEARS</u>			
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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.					_	· · · · · · · · · · · · · · · · · · ·	
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TITLE

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

DATE

^{*}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)