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

*** The completion of the information identified by an asterisk is mandatory in accordance with Govt. Code Sec 8589 and the California Emergency Council Rules and regulations: all other information is voluntary. The purpose of information is registration as a Disaster Service Worker (DSW). Failure to provide mandatory information is disqualification as a DSW.**

PLEASE PRINT LEGIBLY IN BLACK/ BLUE INK OR TYPE

_____ NEW APPLICATION **_____ RENEWAL**

* Name: _____ _____
First Last

* Address: _____
Number Street Apt # City State Zip

E-Mail Address: _____

* Telephone No. (_____)_____ Date of Birth: _____

Class Assigned: **Community Emergency Response Team**

Specialty: **Rural CERT**

Sponsoring Group Name: **Rural Fire/Cal Fire**

* Loyalty Oath of Affirmation (Government Code Sec 3102)

I, _____ 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.

Taken and subscribed before me on_____, at San Diego, CA
(Today's Date: MM/DD/YYYY)

*_____ *_____
Signature of Volunteer/DSW Signature of Authorized Sponsoring Group Official, Title

_____
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
5555 Overland Ave. Bldg 19
San Diego, CA 92123

Responsible Official: Ron Lane, Director **Phone Number:** 858-565-3490

For Official Use Only:

Registration Date _____ *ID #* _____

Expiration Date _____ *Staff initials/ date*_____

OES: Revised July 16, 2008