



**City of Mission Viejo
DISASTER SERVICE WORKER REGISTRATION**

Date Enrolled: _____ Sex: _____
Name: _____ Hair / Eyes: _____
Address: _____ Height: _____
Telephone: _____ Weight: _____
Date of Birth: _____ Prof. License No.: _____
(if applicable- Contractor, FCC, etc.)

Class Assigned: Communications - RACES

Loyalty Oath of Affirmation (Government Code Section 3102)

I, _____ do solemnly swear (or affirm) that! 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 under the laws of the State of California that the foregoing is true and correct.

I further understand that I will be acting as a volunteer, not as an employee of the City of Mission Viejo; however, I may be eligible for worker's compensation through the State Office of Emergency Services.

Subscribed and sworn to before me on _____ at Mission Viejo, California.

Signature of Volunteer/Disaster Service Worker

Emergency Preparedness Coordinator

Signature of Authorized Official/Title