

## Disaster Service Worker Registration

Date Enrolled: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email #1: \_\_\_\_\_

Email #2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Occupation: \_\_\_\_\_

Foreign/Sign Language: \_\_\_\_\_

Military Service/Rank or Rating: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ Professional Lic. #: \_\_\_\_\_

Licensed Amateur Radio Operator – Call Sign #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Disaster Service Worker \_\_\_\_\_ CERT ID # \_\_\_\_\_

### Previous Experience

Check all that apply

Admin/Office \_\_\_\_\_

Commercial Driver \_\_\_\_\_

Heavy Equip. Op. \_\_\_\_\_

Carpenter/Construction \_\_\_\_\_

Plumber/Pipe Fitter \_\_\_\_\_

Engineer- Structural/Civil \_\_\_\_\_

Mechanic \_\_\_\_\_

Photo \_\_\_\_\_

Amateur Radio \_\_\_\_\_

Medical \_\_\_\_\_

Electrician \_\_\_\_\_

Lineman \_\_\_\_\_

Building Inspector \_\_\_\_\_

Machinist \_\_\_\_\_

Animal Care \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Fire Fighting \_\_\_\_\_

Experience with special populations (please circle all applicable)

Children Seniors

Phys.Disabled Dev. Disabled

### Official Use:

<u>Training</u>	<u>Date Completed</u>
CERT Training	_____
CPR (adult/child/infant)	_____
1 <sup>st</sup> Aid	_____
IS 100: Intro. To ICS	_____
IS 700: Intro To NIMS	_____
Intro to CMAP	_____
Medical Operations III	_____
Damage Assessment	_____

### (American Red Cross Disaster Services Courses)

<u>Training</u>	<u>Date Completed</u>
O.C. Chapter Disaster Intro.	_____
Mass Care Overview	_____
Fundamentals of Dist. Assessment	_____
Mass Casualty Disaster	_____
Shelter Operations	_____
Shelter Simulation	_____
Logistics: An Overview	_____
Logistics: Simulation	_____
Community Dist. Ed. Presenters Wksho.	_____

**Loyalty Oath or Affirmation (Govt. 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. 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 Placentia; however, I may be eligible for workers' compensation through the State Office of Emergency Services.

\_\_\_\_\_  
Signature of Volunteer/Disaster Service Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title