

VENTURA COUNTY SHERIFF'S OFFICE

M E M O R A N D U M



DATE: April 9, 2020
TO: Faith Based Volunteer Personnel
FROM: Patrick Maynard *GM*
Director, Sheriffs OES
RE: Disaster Service Worker Status

During these critical times, the County of Ventura is grateful to those individuals that have responded to assist their fellow residents at the emergency homeless shelters. As part of the Public Health Officer's "Stay at Home" order, volunteers are permitted to partake in "essential activity" including traveling to and from shelter sites to perform their official duties.

To ensure every volunteer is covered by the California Governor's Office of Emergency Services Disaster Service Worker program, a DSW Volunteer Registration form must be completed prior to starting your first shift. By completing this form, you are eligible to receive workers compensation benefits from the State of California if you become ill or injured as a direct result of your disaster work.

If you have any questions or concerns related to the Disaster Service Worker Program or if you experience and injury or illness while engaged in disaster work, please contact the Sheriff's Office of Emergency Services at (805) 654-2757 or email oes.oes@ventura.org

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

VENTURA COUNTY, CA

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

ATTACH
PHOTOGRAPH
HERE

This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.

CLASSIFICATION: _____ **SPECIALTY:** _____

REGISTERING AGENCY OR JURISDICTION: _____

SIGNATURE OF AUTHORIZED PERSON: _____ **TITLE:** _____

REGISTRATION DATE: _____ **RENEWAL DATES:** _____

EXPIRATION DATE: * _____ **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 LICENSE NUMBER: (if applicable)				DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:	
OTHER DRIVING PRIVILEGES:							
IN CASE OF EMERGENCY, CONTACT:						EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)		
COMMENTS:							

PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of _____, a minor, I hereby give my full consent and approval for him/her 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 him/her.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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 he or she knows to be false, is guilty 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, city, city and county, state agency, public district, or disaster 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.**

I, _____, do solemnly swear (or affirm) that I will support and defend the

PRINT NAME

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.

Executed on _____ in _____, California.

DATE

City

COUNTY

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

TITLE

*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)