



## Emergency Volunteer Center Intake and Referral Form

Name: First _____		Middle Initial _____		Last _____		Date _____
Street Address _____			City _____	State _____	Zip _____	Occupation _____
Primary Phone _____	Cell Phone _____	Pager _____			E-mail Address _____	
List age if under 18* _____			Any Physical Limitations? _____			

\*Minors who wish to register to volunteer must be accompanied by parent

If you are with a group, please specify name of group \_\_\_\_\_

Availability: Please indicate when you are available. (Check all boxes that apply, or place range of times available to work.)

	M	T	W	Thu	F	Sa	Su
Morning							
Afternoon							
Evening							

Length of Time available (e.g., 1 week, 1 month, open) \_\_\_\_\_

Geographic Area: Please indicate the geographic area(s) where you can volunteer. (Choose all that apply.)

- |                                   |  |                                       |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Chico    | <input type="checkbox"/> Magalia       | <input type="checkbox"/> Oroville     |
| <input type="checkbox"/> Paradise | <input type="checkbox"/> Biggs/Gridley | <input type="checkbox"/> Other: _____ |

Skills: Please indicate the skills you possess or tasks for which you are qualified (choose all that apply):

Disaster Skills	Office Skills	People Skills	Manual Skills
<input type="checkbox"/> CERT*	<input type="checkbox"/> Message Runner	<input type="checkbox"/> Language (specify below)	<input type="checkbox"/> Care & Shelter
<input type="checkbox"/> Safety Assessment	<input type="checkbox"/> Accounting	<input type="checkbox"/> Child Care	<input type="checkbox"/> Heavy Labor
<input type="checkbox"/> Medical: First Aid, MD, RN, EMT, NP (circle one)	<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Driver (list classes below)
<input type="checkbox"/> Shelter Assistant	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Medical	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Traffic/Crowd Control	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Counselor	<input type="checkbox"/> Plumber
<input type="checkbox"/> Radio Communications	<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Special Populations (seniors, disabled)	<input type="checkbox"/> Electrician
<input type="checkbox"/> HAM Radio License		<input type="checkbox"/> Interviewer/Customer Service	<input type="checkbox"/> Debris Removal
<input type="checkbox"/> Other (specify below)		<input type="checkbox"/> Legal	<input type="checkbox"/> Food Prep/Service

\*Community Emergency Response Team

Please list licenses, special certifications, languages or other specifics on skills checked above:

\_\_\_\_\_

Special Equipment/Vehicles/Resources you can offer:

\_\_\_\_\_

Volunteer Signature (if in person): \_\_\_\_\_

EVC Interviewer:	Location Referred to:	Contact Person:	Phone #:
Interviewer Comments:			Date Referred:
Data Entry Date:    /    /	by: _____		

# 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

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? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
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)

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

*Signature of Document Signer No. 1*

*Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
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State of California  
 County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by *Date* *Month* *Year*

(1) \_\_\_\_\_

(and (2) \_\_\_\_\_),  
*Name(s) of Signer(s)*

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_