

GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LOCAL AND STATE REGISTRATION INFORMATION
 DISASTER SERVICE WORKER REGISTRATION

Loyalty Oath under C of CP Sec. 2015.5

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 that the foregoing is true and correct.

Signature of Volunteer/Disaster Service Worker

Date

 Signature of Parent or Guardian (if applicant is under 18 years of age)

 Signature of Authorized Official

Title

CONSENT TO PHOTOGRAPH/VIDEOTAPE BIOHAZARD DRILL May 24th, 2006

I understand that the Yolo County Health Department may wish to use photographs and/or videotapes for educational and training purposes. I also understand that if I authorize such use, the photographs and/or videotapes may be used, disseminated, shown and released to other medical personnel and organizations for education purposes *without personal identifiers*.

I understand that I may refuse to give such authorization.

Based on information provided to me in this document, I hereby authorize the Health Department to take photographs and/or videotapes of myself during the Anthrax Drill on May 24th, 2006. I further authorize the Health Department to use, display and release such photographs and videotapes to other persons or organizations for educational and training purposes *according to confidentiality restrictions described above*.

This authorization shall be effective upon my signing it where indicated below, and shall remain in effect until July 1, 2007, or such time as I expressly revoke it in writing by delivering a written revocation to the Yolo County Health Department. I understand that I may revoke this authorization at any time by delivering a written revocation to the Yolo County Health Department, and that such a revocation will be effective from the date that the Health Department receives the revocation.

Signature

Print

Address

 Witness Signature

 Print Witness' Name/Title or Relationship

 Date

NOTICE: A copy of this authorization will be provided to you upon request. You may also inspect or copy the medical information that is the subject of this authorization and consent.

Type or Print in Ink

Date: _____

Div/Reg/Dept _____

Name: _____

SSN: _____

(SSN is used for processing claims only)

Address: _____

I.D. Card No.: _____

Date of Birth: _____

Home Phone No.: _____

Drivers License #: _____

Class: _____ Exp. Date: _____

Work Phone No.: _____

Prof. Lic. No.: _____

(If Applicable)

****In case of emergency, contact: _____ Phone: _____****

Class Assigned: _____

Specialty: _____

Identification Information:

Hair: _____

Eyes: _____

Height: _____

Comments: _____

LOCAL REGISTRATION ONLY

This information is mandatory in accordance with Government Code Section 8580 and the California Emergency Council Rules and Regulations. Purpose of Information is registration as a Disaster Service Worker. Failure to provide mandatory information is disqualification as a Disaster Service Worker. The official responsible for maintenance of this information and the location a filed as shown below:

Disaster Council: Health Department/Anthrax Post Exposure Prophylaxis Drill

Location Filed: Health Department

Address: _____

Responsible Official/Title: EP Coordinator

Telephone Number: (xxx)-xxx-xxxx