



# Fresno County Sheriff's Department

## DISASTER SERVICE WORKER APPLICATION

*This block to be completed ONLY by government agency or jurisdiction*

CLASSIFICATION: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

AGENCY OR JURISDICTION: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_ DSW REGISTRATION # \_\_\_\_\_

EXPIRATION DATE:\* \_\_\_\_\_ DSW CARD ISSUED: NO \_\_\_\_\_ YES \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Gender:  Female  Male  
LAST FIRST MIDDLE

HOME ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WORK PHONE#: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ SSN#: \_\_\_\_\_

PAGER #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_ ALTERNATE PHONE# OR MESSAGE#: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DRIVER'S LICENSE CLASSIFICATION (circle one): A B C OTHER: \_\_\_\_\_

OTHER PROFESSIONAL LICENSE (if applicable): \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CLASSIFICATION (ASSIGNED UNIT): \_\_\_\_\_  
(A BACKGROUND CHECK MAY BE REQUIRED FOR SOME CLASSIFICATIONS)

COMMENTS: \_\_\_\_\_

The above statements are true and valid to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*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 set at the discretion of the accredited Disaster Council but not to exceed one year. (Government Code §3102)

**Government Code §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 knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 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.

**DO NOT COMPLETE THIS SECTION UNTIL OATH IS ADMINISTERED**

**LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)**

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 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 that the foregoing is true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH  
(MUST BE A SHERIFF OR DEPUTY COUNTY CLERK)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME OF ABOVE OFFICIAL

**FOR COUNTY OFFICE USE ONLY**

- Oath Administered
  
- Background Check Completed and Approved
  
- 18 Years of age or older

\_\_\_\_\_  
SHERIFF'S OFFICE APPROVAL (Signature)      DATE

\_\_\_\_\_  
FINAL OES APPROVAL (initials)      DATE