

Trinity County Disaster Service Worker (DSW) Community Volunteer Deployment

Adopted March 2019

Revised: 11/13/19

Policy Revisions

DATE	ACTION	PAGES INVOLVED
11/13/19	Changed “will” to “may be eligible to”	Pages 4 and 8

Trinity County

Policy & Procedure

Policy description: Disaster Service Worker (DSW) Community Volunteer Deployment	Effective date: 03/12/2019
Approved by: Disaster Council	Policy number: 2019-03
Revised: 11/13/19	Contact(s): Office of Emergency Services Manager & Emergency Preparedness Coordinator

PURPOSE:

The purpose of this policy is to provide guidance to the Trinity County Office of Emergency Services (OES) and the Emergency Operations Center (EOC) on the correct procedure for deploying Disaster Service Worker (DSW) Community Volunteers within Trinity County’s Operational Area (OA) during a disaster response.

The Trinity County Emergency Operations Plan provides guidance to staff regarding implementing an EOC framework that would effectively act as the platform for requesting and deploying DSW Community Volunteers. This framework focuses on the principles of SEMS (Standardized Emergency Management System) and NIMS (National Incident Management System).

Disaster Service: Aid in the response and recovery phases in a disaster or emergency. It does not include the day-to-day emergency response activities typically associated with law enforcement, fire services or emergency medical services (caloes.ca.gov).

Disaster Services Worker (DSW) Community Volunteer: As defined by the Disaster Service Worker Volunteer Program Guidance, someone “... who is registered with an accredited disaster council...for the purpose of engaging in disaster service...without pay or other consideration.” These volunteers are not first responders (as described under Disaster Service), are not mandated to respond, and have the right to be informed about the nature of the incident and field conditions.

Note: Most guiding information within this document is derived from the [Disaster Service Worker Program Guidance](#) and the [Disaster Healthcare Volunteer Manual](#).

REFERENCES:

- [DHV Deployment Operations Manual](#)
- [Disaster Service Worker Volunteer Program Guidance](#)
- Trinity County Emergency Operations Plan

APPENDICES:

- A – DSW Community Volunteer Checklist: Logistics and Volunteer Support Activities
- B – DSW Community Volunteer Checklist: Mission Manager and Assignments
- C – DSW Community Volunteer Checklist: Orientation and Arrival
- D – DSW Community Volunteer Checklist: Deployment and Return Home

- E – DSW Community Volunteer Checklist: ICS Forms
 - F – DSW Community Volunteer: Injury Management
 - G – DSW Community Volunteer Registration and Agreement Form
-

POLICY & PROCEDURE:

DISASTER SERVICE WORKER (DSW) VOLUNTEER REGISTRATION

Any volunteer that assists Trinity County in responding to a disaster or incident must be a sworn in DSW before assigned disaster functions. Doing so ensures that the volunteer may be eligible to receive protection against liability during the disaster service functions. Protection is ensured under [Title 19 DSW Regulations.12.17.2012.](#)

1. The following is the process for registering DSW Community Volunteers as Disaster Service Workers:
 - a. The volunteer will be provided a DSW Community Volunteer Registration application to complete. See Appendix G.
 - b. Arrangements will be made for the volunteer to conduct a live scan.
 - c. Once the volunteer receives confirmation of live scan, arrangements will be made for an authorized individual to administer the Disaster Service Worker loyalty oath, and be sworn in.
 - d. The DSW Community Volunteer Registration Form and signed oath will be filed by the County according to the Disaster Council protocols.
 - e. The application and oath must be renewed annually.

LIVESCAN PROCESS

1. The department or unit who initially requests a live scan is responsible for payment
2. Requests for live scans go to Trinity County Human Resources
3. Paperwork is prepared by Human Resources
4. The Sheriff's Office will conduct the live scan
5. Human Resources will schedule each live scan directly with the Sheriff's Office
6. The Volunteer will pick up paperwork from Human Resources prior to going to the Sheriff's Office
7. The Volunteer will complete the employee portion of the documents and provide the completed paperwork to the Sheriff's Office during their live scan appointment
8. After their live scan appointment is completed the Volunteer will bring back the completed paperwork to Human Resources
9. Human Resources will wait for the Department of Justice or the FBI to provide the results
10. Once results are received Human Resources will contact the requesting department to let them know whether the volunteer passed or failed
11. The requesting department will contact the Volunteer to inform him/her of the results and, depending on results, will schedule an authorized individual to administer the Disaster Service Worker loyalty oath

DSW COMMUNITY VOLUNTEER OATH PROCESS

1. The application and oath must be renewed annually.

2. Once the volunteer receives confirmation of live scan, arrangements will be made for an authorized individual to administer the Disaster Service Worker loyalty oath, and be sworn in.
 - i. It is recommended to arrange a group swearing/registration if a large number of volunteers require registration.
 - ii. “In Trinity County, those authorized [to conduct the oath] include the Board of Supervisors Chairperson, Sheriff, County Clerk, Assistant Director of Emergency Services, and Deputy Director of Emergency Services,” (Trinity Emergency Operations Plan, January 2013, pg. 2.36), as well as the OES Manager.
3. A photo will be taken of each sworn-in DSW Community Volunteer and a volunteer badge will be created and provided to Volunteer.
 - a. The badge will indicate the expiration date of the oath (1 year from day sworn in) and will need to be renewed each year.
4. The DSW Community Volunteer Registration Form and signed oath will be filed by the OES Manager
 - a. All non-County oaths are filed in the front of binder #9, in chronological order, in the OES office.

SENDING REQUESTS FOR VOLUNTEERS

If the volunteers are from within Trinity County, the County is requesting local resources, therefore the resource request only goes through the requesting party’s Department Operations Center (DOC), or if the DOC is unable to provide volunteer management, through the Trinity County Emergency Operations Center. If volunteers are arriving from other County’s the resource request would go through the Regional Emergency Operations Center.

If a County unit or department is requesting DSW Community Volunteers, their Department Operations Center must be activated. If circumstances require the Emergency Operations Center to coordinate DSW Community Volunteers, then the Trinity County EOC must be activated prior to requesting DSW Community Volunteers.

Once the County determines its volunteer needs, the County representative must complete an [ICS 213 Form – General Message](#) form and provide to the Operations Section Chief for review and coordination. The Operations Section will work with the Logistics Section to gather and verify information and coordinate resources.

Depending on the number of volunteers, the Logistics Section may have a need to assign a Volunteer Coordinator to ensure the volunteers’ needs are met (such as housing, meals, transportation, etc.). The Logistics Section Chief of either the DOC or EOC will determine if a Volunteer Coordinator is necessary to effectively and safely coordinate and manage volunteers. If a Volunteer Coordinator is needed, it is suggested that the Trinity County EOC provide assistance with volunteer coordination and management. The Logistics Section Chief will determine if they will absorb the Volunteer Coordinator role, or will assign a Volunteer Coordinator, ensuring a coordinator is available during the hours volunteers are deployed.

Note: If the requesting party’s Department Operations Center is able to effectively coordinate and manage volunteers, they should follow the same guidelines that are expected of the Emergency Operations Center. These guidelines are outlined below.

LOGISTICS

If several volunteers are requested, and the requesting party's DOC is unable to properly manage their DSW Community Volunteers, the Trinity County Emergency Operations Center (EOC) will be activated, and the Operations Section will prepare a general message for Volunteer Coordinator Services, outlining how many volunteers are available.

The Logistics Section will need to clarify the following questions prior to obtaining volunteer resources:

1. Who will be absorbing the costs for transportation, housing and feeding of volunteers?
2. How and where are volunteers arriving at the incident?
3. Where will the volunteers report to?
4. What housing will be utilized for volunteers?
5. What should volunteers bring with them?
6. Are there any extraordinary health-related issues that would impact deployment or fitness-for-duty screening?
7. How much lead time is there before volunteers are needed?

(pg. 32)

The **Volunteer Support and Management activities** include directly performing, coordinating, or ensuring the provision of:

1. Travel arrangements;
2. Meeting, greeting, and check-in of volunteers;
3. Orientation and briefing of volunteers;
4. Lodging coordination;
5. Human resources department functions, including dealing with HR-related issues which may arise during a deployment;
6. Finances related to volunteers;
7. Communications with volunteers, including providing a point of contact for DSW Community Volunteer's families, on an around-the-clock basis;
8. DSW Community Volunteer's health, including mental health;
9. Management and handling of unexpected events;
10. Handling of workers' compensation claims through the Disaster Service Worker Volunteer Program (DSWVP); and,
11. Demobilization Process.

(Pg. 16)

Source: [DHV Deployment Operations Manual](#)

Refer to **Appendix A** - Logistics and Volunteer Support Activities Checklist

Note: ICS forms will need to be completed throughout the deployment process, refer to **Appendix E** – ICS Forms Checklist

DSW COMMUNITY VOLUNTEER ASSIGNMENTS

Each position assigned to an incident must have an order number to more effectively track assignment and status of the volunteers; the assigned order number will have an alpha designator followed by a consecutive number. The single alpha prefix will be one of the following:

- V – Volunteer
- O – Overhead (paid DSW)
- T – Team

Followed by a two-digit number (01, 02, 03 ...); Example: V01

- These orders, and order numbers, will be submitted and tracked using the [General Message Form \(ICS 213\)](#).
- Names will be assigned to these order number as volunteers check-in.
- Other identifier you may assign are: E – Equipment, S - Supply

Once logistical details are clarified and approved, the Volunteer Coordinator (or designee) will contact the registered DSW Community Volunteers to discuss disaster service assignments to those available volunteers. An [Assignment List \(ICS 204\) Form](#), with order numbers indicated under “Resource Identifier”, will be completed by the Volunteer Coordinator and copies provided to the Operations and Logistics Section. The Volunteer Coordinator will:

- Ensure that all important communication with DSW Community Volunteers are completed prior to creating an assignment list.
- In particular, it is critical that all volunteers be clearly informed of
 - Where to report.
 - When to report.
 - The need to bring government-issued photo identification (e.g., California driver’s license, passport, etc.)
 - The need to bring professional or clinical licenses and evidence of certifications (e.g., ACLS, PALS, etc.), if applicable.

See [Appendix B](#) – Volunteer Assignments Checklist

DSW COMMUNITY VOLUNTEER ORIENTATION

See [Appendix C](#) – Orientation on Arrival Checklist

DEPLOYMENT AND RETURN HOME

When the DSW Community Volunteer’s assignment is complete and is scheduled to return home the local Incident Commander or Supervisor must affirm that the DSW Community Volunteer is dismissed from his/her assigned duties. Please follow the Deployment and Return Home Checklist under Appendix D to ensure volunteer’s concerns are taken into consideration, logistical concerns are attended to, and the volunteer’s experience is appreciated and documented.

See [Appendix D](#) – Deployment and Return Home Checklist

INJURY MANAGEMENT

Trinity County will be committed to its volunteers' health and safety. DSW Community Volunteers deployed through the program must be registered Disaster Service Worker Volunteers. As stated under Title 19 DSW Regulations.12.17.2012, the registered DSW Community Volunteer may be eligible to receive compensation in the case of injury or death during deployment solely by the state-funded worker's compensation programs for DSW Community Volunteers.

“Upon injury of a [DSW Community Volunteer] on deployment (or in a training or exercise), appropriate medical care should be sought. If the injury is emergent in nature, the then-supervising agency or incident command should select the most appropriate medical provider,” (pg. 57). If an injury occurs while the DSW Community Volunteer is deployed in Trinity County, the Incident Commander or Volunteer Coordinator (or designee) will select an appropriate medical provider. Necessary medical care should be provided and all necessary parties should be informed of injury. As soon as is possible, all forms outlined in the Disaster Service Worker Volunteer Program guidance should be completed. See **Appendix F** – Injury Management Checklist

Source: [DHV Deployment Operations Manual](#)

APPENDIX A

DSW Community Volunteer Checklist LOGISTICS & Volunteer Support Activities

The following checklist may be adopted into Job Action Sheet format for relevant incident command positions (different jurisdictions handle volunteer management and incident command differently, so no assumption is made regarding duty assignments for specific positions).

Emergency managers contemplating the deployment of volunteers should ensure the following elements are addressed:

Logistics coordinator at key points: Ensure a volunteer point of contact, Mission Support Team member, volunteer manager, or logistics coordinator/liaison is present in the field or at the mission site during mobilization, transportation, and demobilization.

Logistics Issues

Transportation and Parking

Food

Lodging

Communication Support

Supplies & Equipment

Safety Equipment

Safety Briefing and Training

Transportation and/or parking: Arrange for transportation of DSW Community Volunteers before DSW Community Volunteers are deployed.

- o Transportation routes must accommodate infrastructure damage/impassable roads/designated evacuation routes (due to flooding, fires, etc.).

- o If volunteers are staffing local operations (mass dispensing clinics, alternate care sites, etc.) and are expected to self-transport to local site (e.g., a local fairground):

- Confirm the route before and communicate this to volunteers.
- Confirm the parking area and communicate this to volunteers.
- Confirm with area security the measures necessary for volunteers to report for duty/enter a secured area/etc.

o If deployment entails out of area service, arrange transportation and set-up of a volunteer embarkation point (with appropriate parking) before volunteers arrive, or

o Provide travel authorization for air travel, rental car, lodging, meals, and incidental expenses.

o Transportation planning applies to demobilization/returning the DSW Community Volunteer home, as well.

☐ Food: Arrange for meals and water for DSW Community Volunteers if the volunteers are working for more than one shift. Volunteers are not expected to deploy with their own rations.

o If DSW Community Volunteers are working only one shift, ensure water and (ideally) some form of snacks.

☐ Lodging: If a mission is greater than one shift (if DSW Community Volunteers are staying overnight), arrange for lodging, including sleeping and hygiene provisions. Housing arrangements, as well as those for meals and water, should be made before deploying volunteers.

o Volunteers should be informed of the field conditions when asked to volunteer.

o If the housing location is not co-located with the duty location, arrange transportation between the duty location and the housing location following every shift change. Similarly, if meals are provided at a separate location, arrange regular transportation to/from that location.

☐ Communication support: To the greatest extent possible, provide DSW Community Volunteers with means and opportunities to stay in touch with their families.

☐ Supplies and equipment: To the greatest extent possible, provide the medical supplies and equipment needed for a particular mission, rather than expecting DSW Community Volunteers to bring medical supplies with them as part of their deployment (beyond personal stethoscopes).

☐ Safety equipment: If personal protective equipment (PPE) is deemed necessary by the incident safety officer, provide that equipment (and relevant training) must be provided for volunteers. DSW Community Volunteers are not expected to deploy with their own PPE.

o If the mission requires exposure to health/safety risks, volunteers should be informed of the risks when asked to volunteer.

☐ Safety briefing/training: Volunteers need to be made aware of any pertinent safety considerations related to their point of service or of the location of their lodging/billeting. Specific risks associated with these areas should be communicated to the volunteers at the time of their arrival.

- o Even if there are no evident safety concerns, volunteers should receive a brief orientation to the site where they are lodged.

APPENDIX B

DSW Community Volunteer Assignment Checklist

When creating specific deployment groups/requests, Volunteer Coordinator (or designee) should consider the following:

- Determine work dates.
- Determine check-in information. Address the following:
 - o Enter information related to what the volunteer will need to know about reporting for duty.
 - o Where DSW Community Volunteer is expected to report for duty.
 - o Include location, directions, name/role of person to check in with and any available contact information such as telephone.
- Document service location information (if different than check-in information).
- Document any information relating to prerequisites for deployment.
- Document appropriate information related to accommodations for deployed volunteers.
- Ensure requests identify the category and type of volunteer desired.
- Ensure requests identify the desired number of volunteers.
- Ensure that messaging inviting volunteers contains sufficient information for the volunteer to make a reasoned judgment about the ability to respond.
- Verify credentials of assigned volunteers (if applicable).
- Ensure that all assigned DSW Community Volunteers have been properly sworn in and registered as DSWVPs (Disaster Service Worker Volunteer Program) with Trinity County (to include live scan)
- Ensure that a physical copy of any roster that has been created is available.
- Ensure that DSW Community Volunteers at embarkation point match the data on the physical roster.
- Provide copy of suggested Packing List

- Ensure that volunteers will be met upon arrival at check-in location.
- Establish a point of contact (telephone) for volunteers and their families prior to departure.
- Ensure that key communications are made to assigned volunteers, including:
 - o Where to report.
 - o When to report.
 - o Need to bring government issued photo identification (e.g., California driver's license, passport, etc.)
 - o Need to bring clinical license and evidence of clinical certifications (e.g., ACLS, PALS, etc.), if applicable.
- Create [Assignment List \(ICS 204\) Form](#).
- Send assignment list to receiving OA.
- Ensure copies of all forms are provided to the Operations and Logistics Sections

APPENDIX C

DSW Community Volunteer Checklist ORIENTATION on arrival

- On arrival, ensure that volunteers have the opportunity to call home and inform sending OA of arrival.
- Arrange for arriving DSW Community Volunteers to be taken to housing location, training/briefing location, or duty location.
- Ensure that volunteers called up have actually arrived.
- Check identification and credentials of arriving volunteers.
- Assign volunteers to team leader or point of contact.
- Assign volunteers order numbers as they check-in, based on information on the [Assignment List \(ICS 204\) Form](#).
- Complete [Personnel Card \(ICS 219-5\)](#); include the assigned order number next to the DSW's name.
- Deliver any necessary safety briefings.
- Provide mission briefings.
- Deliver any orientation and/or just-in-time training as required.
- Ensure that volunteers are informed of the following:
 - o The professional's role, authorities/responsibilities, and assignment
 - o Their supervisor
 - o The professional's decision making authority and purchasing authority
 - o The arrangements for food and lodging
 - o Communications procedures for staying in touch with the sending unit and family
- Ensure copies of all forms are provided to the Operations and Logistics Sections

APPENDIX D

DSW Community Volunteer Checklist DEPLOYMENT and Return Home

Volunteer Coordinator (or designee) ensures that the following processes are completed:

- Arrange for transportation home of the DSW Community Volunteers through the IC;
- Collect ID Badges if appropriate;
- Tally total number of volunteer hours worked by the DSW Community Volunteers;
- Check off departing DSW Community Volunteers from the Assignment List;
- Inform Logistics and Operations that the DSW Community Volunteers are returning from the deployment;
- Ensure no DSW Community Volunteer is left behind;
- Encourage returning DSW Community Volunteers to contact the Volunteer Coordinator upon arrival home.

APPENDIX E

DSW Community Volunteer Checklist ICS Forms

To request volunteers and volunteer coordinator through Operations Section complete:

[ICS 213 Form – General Message](#)

Once DSW Community Volunteers have been identified and assigned complete:

[ICS 204 Form – Assignment List](#)

Once DSW Community Volunteers have arrived complete:

[ICS 211 Form – Incident Check-in List](#)

APPENDIX F

DSW Community Volunteer Checklist INJURY Management

The health and well-being of volunteers is the number one priority during the entire deployment. Trinity County will be committed to its volunteers' health and safety. All volunteers deployed through the Trinity County EOC must be registered as a DSW Community Volunteers. If an injury occurs to a DSW Community Volunteer while on deployment (or in a training or exercise), appropriate medical care should be sought.

Reminder: If an injury occurs while on deployment, but within the Sending OA, the Volunteer Coordinator should select the appropriate medical provider. Should the injury occur while on deployment in the requesting/receiving OA, the requesting/receiving Volunteer Coordinator (or designee) should select the provider (per the hospital cited in the Incident Action Plan).

The injured volunteer must be provided with the "Employee's Claim for Workers' Compensation Benefits" ([SCIF Form 3301](#)) *within 24 hours of knowledge of the injury.*

The supervising agency, i.e., the Incident Command, Safety Officer, or the Volunteer Coordinator, should complete the "Employer's Report of Injury" ([SCIF Form 3067](#)) for the DSW Community Volunteer within 5 days of receiving knowledge that an injury has occurred or is alleged.

The injured DSW Community Volunteer should complete the "Employee's Claim for Workers' Compensation Benefits" ([SCIF Form 3301](#)) within 3 days (72 hours) of receiving the form

The IC, Safety Officer or the Volunteer Coordinator, as the supervising agency, should complete the bottom section of the form (lines 9 through 19), in its entirety, and submits the completed form to SCIF, "Employee's Claim For Workers' Compensation Benefits" ([SCIF Form 3301](#)) within 5 days of receiving the form from the injured DSW Community Volunteer.

The Safety Officer or the Volunteer Coordinator sends the following to both the State Compensation Insurance Fund (SCIF) and CalOES:

1. The Employee's Claim for Workers' Compensation Benefits ([SCIF Form 3301](#));

- o The original (top) copy is mailed to the State Compensation Insurance Fund office in Sacramento, P.O. Box 659011, (2450 Venture Oaks Way, Suite 500,) Sacramento, CA 95865-9011.

- o *Employer's Copy* is faxed or mailed to the Governor's Office of Emergency Services, DSW Community Volunteer Program, P.O. Box 419047, Rancho Cordova, CA 95741-9047, and a copy retained by the county/city or sponsoring agency.

o *Employee's Copy* goes to the injured DSW Community Volunteer.

2. The Employers Report of Injury Form ([SCIF Form 3067](#))

o The original (top) copy **and** the second copy are mailed to: State Compensation Insurance Fund, P.O. Box 659011, 2450 Ventura Oaks, 5th Floor, Sacramento, CA 95865-9011

o The third copy is faxed (if legible) or mailed to the Governor's Office of Emergency Services, Planning & Technological Assistance Branch, Attn: DSW Community Volunteer Program Coordinator, P.O. Box 419047, Rancho Cordova, CA 95741-9047

o The fourth copy may be retained by the county/city or supervising agency

3. A copy of the Original Disaster Service Worker Volunteer Program (DSWVP) volunteer registration form including the signed loyalty oath must be submitted with any DSWVP claim. (Cal. Code of Regs., Title 19, §2573.2 and Govt. Code, §3105)

Around-the-Clock Claims Reporting Assistance

Available 24 hours a day, 7 days a week, for flexible reporting options:

Forms are available for download at:

<http://www.caloes.ca.gov/PlanningandPreparedness/Pages/Disaster-Service-Worker-Volunteer-Program.aspx>

Around the clock reporting assistance is available at a 24-hour [Claims Reporting Center](#) Hotline at (888) 222-3211.

Send a fax to the Claims Reporting Center at (800) 371-5905. The Claims Reporting Center will help you:

- Complete the *Employer's Report of Occupational Injury or Illness (Form 3267)* with you over the phone.
- Eliminate any paperwork on your part.
- Immediately assign a claim number to your case.
- Mail written confirmation of your report to you the next working day or fax a copy to you the same day.
- Immediately forward your claim to the appropriate State Fund Regional Office.
- Refer you to a physician who has experience with occupational injuries.
- Determine which physician is located nearest to the site of the accident or the injured worker's home.

Source: California Disaster Healthcare Volunteers Deployment Operations Manual, 5/24/16

APPENDIX G

DISASTER SERVICE WORKER [COMMUNITY] 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?		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

DISASTER SERVICE WORKER COMMUNITY VOLUNTEER AGREEMENT

I have never been convicted of any felony, except as follows (insert "None" if applicable):

As a Disaster Service Worker Community Volunteer, I agree as the follows:

1. I agree that should any situation arise to where I feel I have been threatened, have witnessed a crime, or have been the target of an unlawful act, I will contact the Human Resources Department at (530) 623-1325 and/or the Sheriff's Department at (530) 623-2611, or 911.
2. I am not an employee of Trinity County or any other agency and I serve at the pleasure of the agency that accepts my services. I will not be paid any compensation or reimbursement or expenses.
3. I do not have the authority to enter into contracts or agreements on behalf of the County or any other agency.
4. I am covered by workers' compensation insurance, but there is no medical insurance coverage for me as a volunteer, unless expressly stated herein.
5. I may resign at any time and the County, or other local agency for whom I provide services, may terminate me at any time, without cause. If the volunteer choses, this agreement can be renewed annually.
6. I may use or have access to the equipment, tools, documents and computer disks provided by the County or agency, which shall remain the property of the County or the agency. I agree to return all of said equipment, tools, documents and disks to the County or agency upon termination of services, in good condition, normal wear and tear expected.
7. I will not disclose, directly or indirectly any confidential information or documents to which I may have access as a volunteer or community service worker.

Trinity County and public agencies do not discriminate against any volunteer or applicant for volunteer because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status, disability, or sexual orientation. This policy does not require the County or public agency to accept unqualified volunteers.

The application and agreement is entered into on _____ (Date) at Trinity County, California.

Signature of Applicant

AGENCY: _____

Dated: _____

By: _____
Signature of Authorized Officer