

*Orange County Fire Authority*  
**Community Volunteer Services**  
**DISASTER SERVICE WORKER REGISTRATION**

Date Enrolled: \_\_\_\_\_ Class Assigned: Auxiliary Firefighter (Fire Explorer)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F  
 Soc. Sec. #: \_\_\_\_\_ CDL Number: \_\_\_\_\_ CDL Expiration: \_\_\_\_\_  
 Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Experience:  
 Specialized in: \_\_\_\_\_  
 Foreign Language: \_\_\_\_\_  
 Sign Language: \_\_\_\_\_  
 Equipment I own which could be used: \_\_\_\_\_

Type of previous experience and/or areas of interest:

- |                    |              |               |                |
|--------------------|--------------|---------------|----------------|
| Admin/Clerical     | Cook/Baker   | Lawyer        | Police Officer |
| Accountant         | Dentist      | Lineman       | Psychologist   |
| Amateur Radio      | Doctor       | Machinist     | Radio Tech.    |
| Bulldozer Operator | Electrician  | Mechanic      | Railroad Op.   |
| Carpenter          | Engineering  | Medical/Lab   | Storekeeper    |
| Chemist            | Explosives   | Nursing/LVN   | Veterinarian   |
| Child Care         | First Aid    | Paramedic/EMT | Welder         |
| Clergymen          | Firefighter  | Photographer  | Other _____    |
| CPR                | Heavy Equip. | Plumber       | Other _____    |

**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 reservation 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, under the laws of the State of California that the foregoing is true and correct.

I further understand that I will be acting as a volunteer, not as an employee of the Orange County Fire Authority; however, I may be eligible for Workers' Compensation through the State Office of Emergency Services.

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California.

_____ Signature of Authorized Official	_____ <b>Explorer Post Advisor</b> Title	_____ Signature of Volunteer/Disaster Service Worker
		_____ Signature of Parent/Legal Guardian (if under the age of 18)

**LOCATION FILED:**  
 Orange County Fire Authority  
 Community Volunteer Services  
 1 Fire Authority Road, Irvine, CA 92602

**RESPONSIBLE OFFICIAL:**  
 Terry Scottt, Battalion Chief/Exploring Coordinator