

# Alta Loma Riding Club- Emergency Response Team

P. O. Box 116 • Rancho Cucamonga • CA • 91701

Attn: Bob Olari (909) 987 8677

## DISASTER SERVICES WORKER REGISTRATION

Date Enrolled \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

Place  
Photo  
Here

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

Office Use:  
Classification Assigned \_\_\_\_\_

Social Security # \_\_\_\_\_

ID Number \_\_\_\_\_

### LOYALTY OATH OF 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 understand that I will be acting as a volunteer; not as an employee of the Alta Loma Riding Club, the Rancho Cucamonga Fire Protection District, and/or the City of Rancho Cucamonga; however, I may be eligible for workers' compensation through the State Office of Emergency Services. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Signature of Authorized Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Authorized Volunteer/Disaster Service Worker \_\_\_\_\_

Neighborhood	Fire	CPR	First Aid	Communication	Search	Care
School or	Extinguisher			/ Security	&	&
Business					Rescue	Shelter

Purpose of information is registration as a Disaster Worker. Failure to provide mandatory information is disqualification as a Disaster Worker. The official responsible for maintenance of this information and the location filed is shown below. This form may be used when registering Volunteer Disaster Service Workers under circumstances wherein it is not feasible to administer the oath before an authorized person. Reference Code of Civil Procedure Section 2015.5

Alta Loma Riding Club  
Emergency Response Team  
P. O. Box 116, Rancho Cucamonga, CA 91701

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RESPONSIBLE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

### Disaster Volunteer Classifications

- |                         |                           |
|-------------------------|---------------------------|
| ____1. Animal Care      | ____8. Law Enforcement    |
| ____2. Communications   | ____9. Logistics          |
| ____3. CERT Member      | ____10. Medical Aid       |
| ____4. Finance & Admin. | ____11. Safety Assessment |
| ____5. Human Services   | ____12. Search & Rescue   |
| ____6. Fire             | ____13. Utilities         |
| ____7. Laborer          |                           |

### Previous Experience

- |  |   |
|--|---|
| <input type="checkbox"/> Administration / Office     | <input type="checkbox"/> Amateur Radio Operator   |
| <input type="checkbox"/> First Aid / CPR             | <input type="checkbox"/> Medical / Lab Technician |
| <input type="checkbox"/> Heavy Equipment Oper.       | <input type="checkbox"/> Construction Worker      |
| <input type="checkbox"/> Carpenter                   | <input type="checkbox"/> Electrician              |
| <input type="checkbox"/> Plumber / Pipe Fitter       | <input type="checkbox"/> Lineman                  |
| <input type="checkbox"/> Structural / Civil Engineer | <input type="checkbox"/> Building Inspector       |
| <input type="checkbox"/> Mechanic                    | <input type="checkbox"/> Machinist                |
| <input type="checkbox"/> Photographer                | <input type="checkbox"/> Animal Care              |
|  | <input type="checkbox"/> Other _____              |

Occupation \_\_\_\_\_

Foreign/Sign Language \_\_\_\_\_

Military Services and Rank or Rating \_\_\_\_\_

CDL # \_\_\_\_\_

Profession Lic # \_\_\_\_\_

Licensed Amateur Radio Operator – Call Sign # \_\_\_\_\_

Any physical limitations? \_\_\_\_\_