

**UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION
DISASTER SERVICE WORKER VOLUNTEER PROGRAM (DSWVP)
REGISTRATION AND LOYALTY OATH - *MEDICAL RESERVE CORPS (MRC)***

NEW APPLICATION: MEDICAL NONMEDICAL **RENEWAL**

* Today's Date: _____ MRC/DSW ID Card No.: _____ Exp Date: _____
(If new, assigned by MRC staff)

* Name: _____

* Address: _____
 Number Street Apt # City State Zip

Date of Birth: _____ Hair: _____ Eyes: _____

* Telephone No.: (_____) _____ Height: _____ Weight: _____

Work Phone: (_____) _____ Mobile: (_____) _____

Pager: (_____) _____ Fax: (_____) _____

E-Mail: _____ Driver's Lic: _____ State: _____

Prof. Lic. No.: *(Required, if applicable)*: _____ State: _____ Exp. Date: _____

MD DO RN PA NP RPH Other: _____

Specialty: _____ * Class Assigned: **Medical/Environmental Health**

* Sponsoring Group Name: **SD County HHSA** Referring Group: **Medical Reserve Corps**

*** Loyalty Oath of Affirmation (Government Code Sec 3102) - *(Sign in presence of MRC representative)***

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.

Taken and subscribed before me on _____, _____, at San Diego, CA
 Month Day

* _____
Signature of Volunteer/DSW

_____ MRC Volunteer Coordinator _____
Signature of Sponsoring Group Title Date
Authorized Official

_____ for Ron Lane _____
Signature of Director, OES/Designee Date

The completion of the information identified by an asterisk is mandatory in accordance with Govt. Code Sec 8589 and the California Emergency Council Rules and regulations: all other information is voluntary. The purpose of this information is for registration as a Disaster Service Worker Volunteer (DSW). Failure to provide mandatory information is reason for disqualification as a DSW. The Sponsoring Group/Referring Group will review and validate professional credentials and the MRC Program Application before sending the original copy of this form to the Unified San Diego County Emergency Services Organization. This form must be signed in the presence of a representative for the Sponsoring Group. Positive identification and licensure (if applicable) will be required. Active and good-standing CA license required for health professionals. Do not self-deploy. **Questions? Contact the MRC Volunteer Coordinator at 619-285-6429 or mrcvolcoord@sdcounty.ca.gov.**

To register with the Medical Reserve Corps (MRC) as a Disaster Service Worker volunteer, submit this form, along with a copy of your professional license and a government-issued photo ID to: Medical Reserve Corps, 6255 Mission Gorge Rd., San Diego, CA 92120, or Fax 619-285-6531. You will be contacted to make an appointment for a photo and orientation.