



## OFFICE OF EMERGENCY SERVICES

10300 Torre Avenue  
Cupertino, CA 95014-3255  
Telephone: (408) 777-3335  
Fax: (408) 777-3366  
[www.cupertino.org/emergency](http://www.cupertino.org/emergency)

### Code of Conduct for Cupertino OES Volunteers

- Include everyone. All individuals have a role in emergency preparedness.
- All ideas and suggestions will be considered.
- Use Incident Command System. Adhere to the chain of command.
- Report complaints/violations to your section chief or OES staff.
- Speak within your authority – don't make promises on behalf of the OES unless you have been given prior approval to make such promises.
- Always adhere to approved training information.
- Keep your promises.
- Solve problems at the lowest possible level.
- Maintain a positive attitude about Emergency Preparedness and avoid any negative comments about people from Cupertino or other organizations.
- Represent Citizen Corps and OES with professionalism.
- Coordinate and cooperate with other volunteers, sheriff's deputies, fire department personnel or other jurisdictional authority.
- Do not use your status in the organization for personal gain.

*Failure to adhere to this code of conduct may result in suspension of duties or removal from the Citizen Corps roster, based on the decision of the Emergency Services Coordinator.*

*I have read the Code of Conduct and agree to adhere to its requirements.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**DISASTER SERVICE WORKER  
REGISTRATION**

**LOCAL AND STATE INFORMATION**

**CERT/CARES/MRC \_\_\_\_\_**



Loyalty Oath under Code of Civil Procedure 2015.5



TYPE OR PRINT IN INK

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

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

AGENCY OR JURISDICTION: City of Cupertino, Santa Clara County

REGISTRATION DATE: \_\_\_\_\_ RENEWAL DATES: \_\_\_\_\_

EXPIRATION DATE: \* \_\_\_\_\_ DSW ID ISSUED? NO  YES  ID# \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TO CENTRAL FILES: City Clerk

2.

NAME:	LAST	FIRST	MI	NICKNAME
ADDRESS:	CITY:			STATE
COUNTY:	HOME PHONE:			ZIP
CELL # and Text(SMS) if different:	E-MAIL:			WORK PHONE:
DRIVER LICENSE NUMBER (if applicable)	DRIVER LICENSE CLASSIFICATION: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			DATE OF BIRTH (Optional)
PROFESSIONAL LICENSE: (if applicable)	OTHER DRIVING PRIVILEGES:			LICENSE EXPIRATION DATE:
IN CASE OF EMERGENCY, CONTACT:				FCC LICENSE (if applicable)
EMERGENCY PHONE:				LICENSE EXPIRATION DATE:
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT (optional)
BLOOD TYPE (optional)				
COMMENTS:				

**3. LOYALTY OATH OR AFFIRMATION (Government Code 3102)**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend  
PRINT NAME  
 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 that the foregoing is true and correct.

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

\_\_\_\_\_  
IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH  
**Ken Ericksen**

**Citizen Corps Coordinator**  
TITLE

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, that 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 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.

\*Expiration date is typically 5 years from the registration date.

4.

<input type="checkbox"/>	Copy to card holder _____
<input type="checkbox"/>	Entered into Excel _____
<input type="checkbox"/>	Entered into Mapguide _____
<input type="checkbox"/>	Code of Conduct _____
<input type="checkbox"/>	ID Card _____/Renew _____
<input type="checkbox"/>	Entered into PSA _____