

## IMPERIAL COUNTY EMERGENCY MEDICAL SERVICES REGISTRATION AND LOYALTY OATH – *MEDICAL RESERVE CORPS*



[] NEW APPLICATION: MEDICAL NONME	EDICAL []	RENEWAL		
* Today's Date:	MRC/DSW ID Co	ard No.:	Exp Date:	
* Name:				
* Address:				
Number Street  Date of Birth:	Apt # Hair:	City Eye	State s:	Zip
* Telephone No.: (	) Height:	We	ight:	_
Work Phone: ()	Mobile: (			)
E-Mail:				
Driver.s Lic: State:				
Prof. Lic. No.: (Required, if applicable):		State:	Exp. Date:	
[]MD []DO []RN []PA []NP []RP	H [] Other:			
Specialty:* C	Class Assigned: I	/ledical/Enviro	nmental Health	
* Sponsoring Group Name: Imperial County MR	C Referring Gro	up: <b>Medical Re</b>	serve Corps	
* Loyalty Oath of Affirmation (Government Cool, do solemnly and domestic; that I will bear true faith and allegia Constitution of the State of California; that I take to purpose of evasion; and that I will well and faithfut Taken and subscribed before me on Mon Additionally, I agree not to divulge any information.	swear (or affirm) ation of the State ance to the Cons his obligation fre lly discharge the th	that I will support of California agestitution of the Uiely; without any duties upon what is at Imperial C	ort and defend the ainst all enemies, for nited States and the mental reservations ich I am about to entounty, CA	reign s or
	Volunteer Coord	dinator		
Signature of Sponsoring Group Title Authorized Official			Date	
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 Imperial County Office of 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 760-482-4919 or denisemorris@co.imperial.ca.us.

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, 935 Broadway, El Centro, CA 92243, or Fax 760-482-4517. You will be contacted to make an appointment for a photo and orientation.