5502.34 Disqualification for subversive activities - registration and oath required.

No person shall be employed or associated in any capacity in any position or agency established under sections 5502.21 to 5502.51 of the Revised Code who advocates or has advocated a change by force or violence in the constitutional form of the government of the United States or of this state or who has been convicted of or is under indictment or information charging any subversive act against the United States or this state. Each person who is appointed to serve in any position in emergency management or in an agency for emergency management, before entering upon the person's duties, shall register, in writing, the person's name, address, and any other necessary information pertaining to the person's qualifications and choice of type of service and shall take an oath before the executive director of the emergency management agency or local emergency management director or deputy director, or any other person authorized to administer oaths in this state, which oath shall be as follows:

"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 Ohio, against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will obey the orders of the governor of the state of Ohio; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will faithfully discharge the duties upon which I am about to enter.

"And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates, the overthrow of the government of the United States or of this state by force or violence; and that during such time as I am engaged in emergency management employment or activities, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this state by force or violence."

Effective Date: 09-29-1999

http://codes.ohio.gov/orc/5502.34
OATH REQUIRED OF ILLINOIS EMERGENCY MANAGEMENT AGENCY VOLUNTEER

I, ____________________________, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and the territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic; 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. And I do further swear (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the Illinois Emergency Management Agency, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence.

Subscribed and sworn to before me this _______ day of ________

2015.

________________________________________
Signature of IEEMA Volunteer

________________________________________
Address

________________________________________
City State

________________________________________
Authorized Witness
CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Volunteer Program Overview

Volunteers play an important role within the City of Long Beach volunteer duties range from helping in clinics to assisting at special events. Volunteers at the Department of Health and Human Services are valuable assets, and a crucial component in meeting our mission to provide public health and human services to the City of Long Beach.

Anyone wishing to become a volunteer with Long Beach Department of Health and Human Services will be required to complete the volunteer application forms and one or more interviews with Department staff. All volunteers must successfully complete a volunteer orientation session prior to being accepted as a volunteer with the Department. All volunteers must annually show proof of individual liability and automobile insurance (if applicable). If working in a clinical setting you must show proof of a recent tuberculosis skin test (or one will be provided, free of charge).

**Volunteer categories. Minimum Time Requirements**

- Adult volunteer (18 – years of age) – 10 hours per month
- Junior volunteer (14 to 17 years of age) – 8 hours per month

Volunteers who do not meet the minimum hourly requirements each month may be released from the volunteer program until such time as their personal schedule will allow them more time.

**Volunteering Hours**

Volunteering is available during the following hours:

- Monday – Friday from 8:00 am to 10:00 pm
- Saturday from 8:00 am to 4:00 pm

**Record Keeping**

All new volunteers will be required to attend accurate records of hours volunteered on a daily basis on forms provided by the Department. It is the responsibility of each volunteer to ensure that time record is given to the staff volunteer coordinator in charge on a monthly basis.

**Medical Insurance**

The City of Long Beach Department of Health and Human Services does not provide medical insurance or benefits to any of its volunteer workers. All volunteers must annually provide proof of individual liability, accident and automobile insurance coverage (as applicable) as a prerequisite to any involvement or participation in the volunteer program.
CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOLUNTEER APPLICATION

Social Security Number: __________________________

Driver’s License Number: __________________________

Volunteer’s Phone Number: __________________________

Name: ____________________________________________

Home Address: ______________________________________

City: ___________________________ Zip: __________________________

Please answer the following questions in order to best place you in a volunteer assignment:

Education Completed: ______________________________________

Credentials or Licenses (current or pending): __________________________

Currently a Student: Yes:☐ No:☐ If Yes, which school: __________________________

Concentration or Major: ______________________________________

Will you be receiving credit for your volunteer work? Yes:☐ No:☐

If yes, required hours to complete: _______ Supervision required? Yes:☐ No:☐

Instructor Placement Coordinator: __________________________ Telephone: ________________

Available for volunteer service (Please indicate availability):

☐ Monday Hours: From _____ To _____

☐ Tuesday Hours: From _____ To _____

☐ Wednesday Hours: From _____ To _____

☐ Thursday Hours: From _____ To _____

☐ Friday Hours: From _____ To _____
Automotive Insurance:
I understand that California State Law requires that I must have automobile/liability insurance and agree to have such coverage if I am involved in using my own vehicle for City business

____ Yes (Initial)      ____ N/A (Initial)

Emergency Contact Information:
In case you should become ill or have a personal emergency on your volunteer assignment whom shall we contact?

Emergency Contact Name: __________________________________________

Emergency Contact Telephone: ________________________________

Relationship: __________________________________________

References:
Please list personal references (Do not include family or relatives):

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
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</table>

I give permission to representatives of the City to contact the references listed and authorize these references to provide requested referral information: ____ Yes (Initial)

I hereby certify that all the statements on this form are true to the best of my knowledge. I agree to volunteer my services through the City of Long Beach and I also understand that as a volunteer, I am not a city employee.

Volunteer’s Signature _______________________________ Date ________________

Coordinator’s Signature _______________________________ Date ________________
CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Volunteer Waiver

I would like to volunteer my services to the City of Long Beach Department of Health and Human Services with no expectation of being paid any compensation for such services.

These services may include the following:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I, ________________________________________, hereby release the City of Long Beach, its board, commissions, their officers, agents and employees from any and all liability, demands or claims for loss or damage of any kind resulting from or in any manner arising out of any injury because of my service to the City of Long Beach.

Name (Print) _______________________________________________ Date ____________

Signature _______________________________________________ Witness Signature ________________
Oath of Confidentiality

The objective of confidentiality is to protect the rights of the Department of Health and Human Services clients against identification, exploitation, and embarrassment.

As a volunteer, you may be privy of information that is confidential in nature. Such information is not to be shared with your family, friends, or acquaintances. You will be required to maintain confidentiality of all information you may receive when you:

- Read a case record
- Converse with a client
- Recognize a client in a chart or in a program or clinic
- Discuss a case with other staff
- Overhear a conversation regarding a client

In some instances, you may not even speak with staff regarding a program client. (Please refer all questions to your immediate supervisor)

I __________________________, agree to abide to the following oath:

Volunteer Name

As a condition of my volunteer work with the City of Long Beach Department of Health and Human Services, I agree not to divulge any information, obtained in the course of such work to unauthorized persons and not to publish or otherwise make public any information (verbal or written) regarding persons who have received services from the City. I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the California Welfare and Institutions Code and Federal Regulations.

Volunteer’s Signature Date

Signature of Witness Date
City of Long Beach
Department of Human Resources and Affirmative Action

PERSONNEL POLICIES AND PROCEDURES

Subject: COMPUTER AND TECHNOLOGY SYSTEMS
SECURITY POLICY

Effective: May 20, 2009

Number 1.11

I POLICY STATEMENT

The purpose of this policy is to guide the appropriate use of City-supplied computers and related equipment, networks, software, e-mail and Internet access by employees and contractors and to ensure City computer resources are secure and reliable while enhancing the productivity, efficiency and effectiveness of City operations. All files, including e-mails, are property of the City and are subject to audit and review even if sent as authorized incidental personal use of the computer. There is no expectation of personal privacy.

II PROCEDURES

A. Application

All current employees and contractors (hereafter “covered individuals”) who have access to the City’s computers and related systems and who work in departments and offices directly responsible to the City Manager are covered by this regulation. It is requested that elective offices and other independent offices, commissions, boards, and departments also comply with this regulation.

B. Conditions of Employment/Service

The following conditions of employment/service apply to all covered individuals in their use of computers and related equipment, e-mail and Internet access:

1. All City computers (including laptop/notebook computers) and related equipment are formal communication and analytic tools. They should be used for City business-related purposes in a professional and courteous manner. Any use of city computer equipment for personal purposes, including sending and receiving e-mails and Internet access, shall be limited, brief, and infrequent provided that the use does not directly or indirectly interfere with city computer systems, or services, burden the City with additional incremental cost, interfere with other City computer users employment or other obligations to the City, or reflect negatively on the City or its employees. Covered individuals shall not use...
b. Covered individuals shall not access, take, copy or send data or files that disclose sensitive, personal, confidential or proprietary information without appropriate authorization.

c. Covered individuals shall not attempt to decode system or user passwords; or read, delete, copy or modify data without appropriate authorization; or attempt to gain unauthorized access to any City equipment, computers or technology system.

d. Covered individuals shall not share passwords with anyone. Passwords shall not be revealed in e-mail messages or saved on files in any computer system. All passwords are to be treated as confidential City information.

e. Covered individuals shall not use City computers and related equipment/systems to engage in non-City related social activities, individual charity sponsorships, political activities, employee association/union business, commercial use for profit, outside employment, or other activities outside of their job scope without appropriate authorization.

f. Covered individuals shall not use City computers and related equipment, City e-mail or Internet access to create, send, forward, reply to, transmit store, display, copy, download, read, or print inappropriate material. This includes, but is not limited to, material that is: unlawful or illegal; obscene or pornographic; defamatory; threatening; offensive, or violates the City's discrimination or harassment policies, as well as jokes and chain letters.

g. Covered individuals shall not use City computers and City provided Internet access to log on to personal e-mail accounts due to the potential of exposing the City's information systems and network to viruses, worms or other unauthorized programs.

h. Covered individuals shall not download or install audio, video, or data files in City equipment for personal use, including but not limited to, photos, music and movies.

C. Violation of Policy

Covered individuals who violate this policy may have their computer and technology system usage and access, and related privileges, revoked or
G. REFERENCES

Administrative Regulation 8-30 – Use of City Computer and Related Equipment and Use of E-mail and Internet
Administrative Regulation 8-29 – Network Password Policy

H. APPENDICES / FORMS

City Controller, E-mail and Internet Use Policy Statement and Conditions of Employment/Service Form
H. The following are restricted activities under this policy.

1. The City prohibits unauthorized copying, transfer, or reproduction of City owned software. Loading of privately owned software, or non-City software, must be approved in advance by authorized personnel.

2. Covered individuals shall not access, take, copy or send data or files that disclose sensitive, personal, confidential or proprietary information without appropriate authorization.

3. Covered individuals shall not attempt to decode system or user passwords; or read, delete, copy or modify data without appropriate authorization; or attempt to gain unauthorized access to any City equipment, computers or technology system.

4. Covered individuals shall not share passwords with anyone. Passwords shall not be revealed in e-mail messages or saved on files in any computer system. All passwords are to be treated as confidential City information.

5. Covered individuals shall not use City computers and related equipment/systems to engage in non-City related charitable or social activities, political activities, employee association/union business, commercial use for profit, outside employment, or other activities outside of their job scope without appropriate authorization.

6. Covered individuals shall not use City computers and related equipment, City e-mail or Internet access to create, send, forward, reply to, transmit store, display, copy, download, read, or print inappropriate material. This includes, but is not limited to, material that is: unlawful or illegal; obscene or pornographic; defamatory; threatening; offensive; or violates the City’s discrimination or harassment policies, as well as jokes and chain letters. If an employee inadvertently goes to an inappropriate website, it is highly encouraged to inform his/her supervisor of the incident.

7. Covered individuals shall not use City computers and City provided Internet access to log on to personal e-mail accounts due to the potential of exposing the City’s information systems and network to viruses, worms or other unauthorized programs.

8. Covered individuals shall not download or install audio, video, or data files on City equipment for personal use, including but not limited to photos, music, and movies.

My signature on this document indicates that I have received and read the City Computer, E-mail and Internet Use Policy Statement and Conditions of Employment/Service and that I will abide by this policy and conditions of employment. Any attempt to violate this policy may result in having my computer use and access, and related privileges, revoked or suspended, and may be subject to progressive disciplinary action, up to and including termination. Violations of local, state, and federal laws carry additional penalties.

Employee Name (printed)  Signature  Date

Original: Personnel File or Contractor’s Service Agreement
Copy: Covered Individual
STATE OF CONNECTICUT
DEPARTMENT OF
EMERGENCY MANAGEMENT AND HOMELAND SECURITY
OFFICE OF THE COMMISSIONER

AMENDED ADVISORY BULLETIN 2007-4
Issued November 2, 2007, amended February 8, 2008

RE: ADMINISTRATION OF LOYALTY OATH TO CIVIL PREPAREDNESS
FORCE MEMBERS

State law requires each person who is appointed to serve in a civil preparedness
organization to take an annual oath before a local civil preparedness officer or officers
empowered by the Commissioner of the Department of Emergency Management and
Homeland Security (DEMHS) to enlist volunteers. In order to fulfill this requirement,
the Commissioner of DEMHS has designated the following DEMHS officials and
employees to be able to administer the oath to local emergency management directors
(EMDs):
- Commissioner
- Deputy Commissioner
- Director of Emergency Management and Homeland Security
- Legal Advisor
- Emergency Management Planning Supervisor assigned to Operations
- Regional Coordinators

The local EMDs will then be authorized to administer the oath to local volunteers for
purposes of Title 28. If the EMD is not available to administer this oath, then the
Town or City Clerk is empowered by the Commissioner of DEMHS to administer
the oath. The Clerk must maintain a roster of civil preparedness force members
sworn in for purposes of Title 28, and provide the roster to the EMD. The local
EMD is required by statute to provide to DEMHS a roster of sworn civil
preparedness force members on or before the fifteenth of August each year.

The current language of the oath is as follows:

"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 Connecticut, against
all enemies, foreign and domestic; that I will bear true faith and allegiance to the same;
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."

Statutory authority:
- Connecticut General Statutes Title 28, §28-12, as amended by Public Act
  No. 07-173, section 4, effective October 1, 2007.

Issued by Order of the Commissioner of the Department of Emergency Management and
Homeland Security:

James M. Thomas, Commissioner

February 8, 2008

25 SIGOURNEY STREET, 6TH FLOOR, HARTFORD, CT 06106-5042
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION
DISASTER SERVICE WORKER REGISTRATION AND LOYALTY OATH

* 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 information is registration as a Disaster Service Worker (DSW). Failure to provide mandatory information is disqualification as a DSW.

PLEASE PRINT LEGIBLY IN BLACK/BLUE INK OR TYPE

____ NEW APPLICATION ______ RENEWAL

* Name: ___________________________ ___________________________
  First                                                Last

* Address:
  Number  Street  Apt #  City  State  Zip

  E-Mail Address: ___________________________

* Telephone No. (_____)_________________ Date of Birth: ___________________________

Class Assigned: Community Emergency Response Team

Specialty: Encinitas CERT

Sponsoring Group Name: Encinitas Fire Department

* Loyalty Oath of Affirmation (Government 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.

Taken and subscribed before me on ______________, at San Diego, CA
(Today’s Date: MM/DD/YYYY)

* Signature of Volunteer/DSW    * Signature of Authorized Sponsoring Group Official, Title

_________________________ ___________________________
Signature of Director, County OES
Signature of Authorized Sponsoring Group Official

The Official responsible for the maintenance of this information and the location filed is as follows:

Disaster Council: Unified San Diego County Emergency Services Organization
Address: Office of Emergency Services
5555 Overland Ave. Bldg 19
San Diego, CA 92123

Responsible Official: Ron Lane, Director  Phone Number: 858-565-3490

For Official Use Only:

Registration Date __________________________ ID # __________________________

Expiration Date __________________________ Staff initials/ date __________________________

OES: Revised July 16, 2008