Montgomery County Emergency
Office of Emergency Management
117 S. Main Street Suite 721
Dayton, OH 45402
(937) 224-8934

State of Ohio
Emergency Management Agency

Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Unit</th>
<th>Assignment</th>
</tr>
</thead>
</table>

Home Address: Phone:

Business Address: Age: Phone:

Occupation: DOB: Place:

Height: Weight: Eye Color: Hair Color:

Scars or Marks: Nationality: Male / Female

Hobbies: Special Skills:

Foreign Language: Speak: Write:

Military Training: Branch: Grade:

Equipment Owned: (vehicles, power shovel, etc.)

Remarks/Skills/Etc. Photo:

Blood Type:

Date:

OATH
(Public Law 820 – 81st Congress H.R. 1798)

I, ___________________________________________, do solemnly swear (or affirm) that I will support and defend the constitution of the United States 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.

And I do further swear (or affirm) that I do not advocate, nor am I a member or an affiliate of any organization, group, or combination of persons that advocates the overthrow of the government of the United States by force or violence, and that during such time as I am a member of the Montgomery Office of Emergency Management I will not advocate nor become a member or an affiliate of any organization, group, or combination of persons that advocates the overthrow of the government of the United States by force or violence.

Any persons who shall be found guilty of having falsely taken this oath shall be punished as provided in 18 U.S.C. 162.

Volunteer Signature: ____________________________________________

Sworn to and subscribed before me at _____________________________ this ___________ day of ______ 2004

Signature MCOEM Director: ______________________________________

Signature Witness: ____________________________________________