

BENTON COUNTY
DEPARTMENT of EMERGENCY MANAGEMENT
215 East Central #7
Bentonville, Arkansas 72712
Telephone: (479) 271-1004

Instructions:

1. Complete this form for each volunteer in your organization.
 2. Return the original form to Benton County Department of Emergency Management. Maintain a cop for your file of registered volunteers. (There is no requirement to send a copy to the State Department of Emergency Management.)
 3. Please print or type everything except the signature at the bottom of the form.
 4. Class of Service will be based on your training and qualifications. Please DO NOT WRITE in this space. The DEM Coordinator will make this assignment.
-
-

EMERGENCY MANAGEMENT VOLUNTEER LOYALTY OATH

Name: _____ SSN/ID #: _____

Complete Mailing Address: _____

Telephone Number(s): _____

(As per Ac 511 of 1973, as amended)

“I, _____, do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of Arkansas, 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 or evasion and that I will well and faithfully discharge the duties upon which I am about to enter.”

(Witness)

(Signature)

(Witness)

(Signature)

Please list training and special qualifications on Personnel Application Form