LOS ANGELES FIRE DEPARTMENT VOLUNTEER PROGRAM

APPLICATION PACKET CHECKLIST

Please complete, sign and return the following documents:

- ☐ LAFD APPLICATION (2 PAGES)
- ☐ DISASTER SERVICE WORKER REGISTRATION (1 PAGE)
- ☐ ACKNOWLEDGEMENT OF CITY OF LOS ANGELES POLICIES (2 PAGES)

APPLICATION PACKET NEXT STEPS

PLEASE SCAN AND EMAIL THE COMPLETED APPLICATION PACKET TO membership.lafdacs@gmail.com AND ALSO MAIL A COPY TO:

LAFD Personnel Services
Attn: Volunteer Coordinator
200 N. Main Street, 16th Floor
Los Angeles, CA 90012

THE ACS PROGRAM COORDINATOR WILL REVIEW AND DETERMINE ACCEPTANCE INTO THE LAFD ACS PROGRAM. THE CITY MAY REQUIRE A LIVE SCAN OR BACKGROUND CHECK.

THE ACS PROGRAM COORDINATOR WILL NOTIFY THE ACS VOLUNTEER COORDINATOR TO SCHEDULE AN INTERVIEW AND WILL PROVIDE A COPY OF ACCEPTED APPLICATION.

VOLUNTEERS WILL BE CONTACTED BY A BUREAU COMMUNICATION UNIT LEADER TO SCHEDULE AN INTERVIEW.

City of Los Angeles, Mayor's Volunteer Corps

Los Angeles Fire Department Volunteer Application – Page 1 of 2

Check applicable LAFD Volunteer Program box: **(Copy of Identification must be attached to application)**
ACS APPLICANTS MUST HOLD A VALID FCC AMATEUR RADIO LICENSE

☑ **ACS** BATTALION # _____ FCC CALL SIGN _____

☐ **CERT** ☐ **GENERAL** ☐ **SUPPORT SERVICES**

Date:_____ FCC License Class: _____
Technician, General or Amateur Extra

_____
Last Name First Name Middle Initial

_____
Address

_____
City State Zip Code

(____)_____ (____)_____
Home Phone Work Phone

(____)_____ (____)_____
Cell Phone # and Carrier Other

Email Address: _____ _____ _____

IF YOU HAVE SPECIAL TALENTS/SKILLS YOU WOULD LIKE TO SHARE WITH US, PLEASE INDICATE:

_____

Are you bilingual? ☐Yes ☐No If yes, what language: _____ Read: ☐ Write: ☐

Do you need a reasonable accommodation to participate in the volunteer program? ☐Yes ☐No

If yes, please describe the desired accommodation:

ASSIGNMENT (For LAFD Use only)

City Department: FIRE Volunteer Job Title _____ _____
Major Responsibilities

_____
Supervisor Name/Title Phone Number

Live Scan completed: Date ____/____/____ Approved: ☐ Disqualified: ☐

Volunteer ID provided: ☐Yes ☐No ID Card # assigned _____

Revised 3/16/25

BACKGROUND INFORMATION

Your application is subject to a complete background review, including a review of any criminal convictions. Disqualification may result from factors considered in the review.

NOTE: This information will be kept confidential.

Date of Birth _____ Social Security # _____

Driver License/I.D.#_____ Class_____ State Issued_____ Expiration Date_____

Have you ever been convicted of a crime other than minor traffic violations? ☐Yes ☐No

Conviction: _____

Are you currently on probation, parole, or awaiting trial? ☐Yes ☐No

Name of current or most current Employer _____

Address _____City _____State _____Zip _____

Supervisor's Name_____Supervisor's Phone_____

Dates: From_____ To_____ Reason for Leaving_____

Personal Reference_____

Name

Relationship _____ Phone ( ) _____

EMERGENCY INFORMATION: In case of emergency, person to contact should be:

_____

Name Relationship

_____

Address City State Zip

_____

Home and /or Cell Phone Email address

STATISTICAL INFORMATION (OPTIONAL):

Age Group: ☐18-39 ☐40-69 ☐70 + Sex: ☐Female ☐Male

Ethnic Group: ☐African-American ☐Asian ☐Caucasian ☐Hispanic ☐Native-American

Other_____

I declare under penalty of perjury that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

I understand that appointment as a volunteer is an "at will" status; and the City or Department is free to discharge me "for good cause, or bad cause, or no cause at all," and I am equally free to quit, or otherwise cease volunteer work at any time. Upon separation from the Volunteer Program, ID card and any items issued must be immediately returned to the LAFD.

_____

Volunteer Signature Date

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

LOCAL AND STATE INFORMATION
Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK **(SHADED AREAS REQUIRED BY PROGRAM REGULATIONS)**

ATTACH PHOTOGRAPH HERE	***This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.***
	CLASSIFICATION: _____ SPECIALTY: _____
	REGISTERING AGENCY OR JURISDICTION: CITY OF LOS ANGELES FIRE DEPARTMENT (LAFD)
	SIGNATURE OF AUTHORIZED PERSON: _____ TITLE: _____
	REGISTRATION DATE: _____ RENEWAL DATES: _____
	EXPIRATION DATE:* _____ DSW CARD ISSUED?: NO? YES? #: _____
	PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____

NAME: LAST FIRST MI				SSN:	
ADDRESS:		CITY:		STATE	ZIP:
COUNTY:		HOME PHONE:		WORK PHONE:	
PAGER:		E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)		DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)		FCC LICENSE: (if applicable)		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

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 or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four 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, the 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 the 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.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the
PRINT NAME
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; 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 TITLE

*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the Accredited Disaster Council but not to exceed one year. (See Govt. Code §3102)

Los Angeles Fire Department
Volunteer Applicant
Acknowledgment of City of Los Angeles Policies

Sexual Harassment Discrimination:
The policy of the City of Los Angeles is to promote and maintain a working environment free of sexual harassment, intimidation, and coercion. Sexual harassment is a form of sex discrimination and is a violation of official City policy and Federal and State law. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature.

Source Document: Sexual Harassment Discrimination Complaint Procedure

Zero Tolerance for Hazing:
Hazing is a form of harassment, a violation of official City policy and subject to investigation. Hazing activities are defined as any action taken or situation created in the workplace, which causes or is likely to cause, bodily danger or physical harm, personal degradation or disgrace resulting in physical or mental harm to others. Management will investigate all allegations of hazing.

Source Document: Executive Directive No. 8

Discrimination-Free Workplace:
The City of Los Angeles does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, marital status, sexual orientation, creed, ancestry, or medical condition. The City recognizes that all employees and non-employees are responsible to **NOT** engage in any discriminatory actions, language, or images. Any form of discrimination is strictly prohibited.

Source Document: City of Los Angeles Discrimination Free Workplace Policy

Drug-Free Workplace:
In accordance with the Federal Drug-Free Workplace Act of 1988, the City of Los Angeles is committed to providing a drug-free workplace for its employees. Thus, the use of drugs in the workplace or reporting to work under the influence is strictly prohibited.

Source Document: City of Los Angeles Handbook for City Employees

Non-Smoking Policy:
The City has adopted smoking ordinances regulating places of employment and designating facilities in City buildings as non-smoking areas. For reasons of safety, public relations, and other concerns, smoking is prohibited in all City-owned or leased buildings and in City vehicles.

Source Document: City of Los Angeles Handbook for City Employees

Computing Policies and Electronic Access Guidelines:
The City has installed equipment such as computers and advanced technological systems such as electronic mail for use to conduct its official business. There is no expectation of personal privacy in the use of the Internet and e-mail. The Internet should be used for City-related business only, accessing inappropriate sites is strictly prohibited.

Source Document: City of Los Angeles Internet Policies and Guidelines

Capturing or Releasing Audio or Visual Media While On-Duty:
While on duty, Department members are prohibited from capturing audio and/or visual media of emergency operations without the prior expressed written approval of the Fire Chief. This includes, but is not limited to, using recording equipment to capture or transmit audio sounds or to record any type of visual images. This policy also applies to audio or visual media obtained while off duty if, 1) it was captured in an area where the Fire Department has restricted access to the general public and/or, 2) the member used his/her status as an LAFD employee to obtain the audio or visual media.

Source Document: Los Angeles Fire Department Special Notice, Planning Section

Health Insurance Portability and Accountability Act (HIPAA):
Each patient evaluated, treated, and/or transported by the Department is entitled to his or her privacy. Unauthorized access and sharing of Protected Health Information (PHI) is strictly prohibited. The posting of any PHI on any type of blog, the internet, or any social network is strictly prohibited and constitutes a violation of the privacy rights of a patient.

Source Document: Los Angeles Fire Department Departmental Bulletin No. 12-01

Safety:
The City is committed to providing a safe work environment. As a volunteer, you are expected to work safely, comply with policies and procedures, follow safety guidelines, and report any safety hazards.

Source Document: City of Los Angeles Handbook for City Employees

Volunteer Insurance Summary: (Detach and keep attached copy for your records)
The City of Los Angles currently provides limited medical coverage for volunteers who are properly enrolled through the Volunteer Corps in the Mayor's Office. This specialty coverage applies only if the volunteer has no other insurance, or in excess of any other insurance available to him/her.

Source Document: Volunteer Insurance Policy Summary

Policy Violation Reporting:
A Volunteer who observes or is involved in a violation of any of the above referenced policies is encouraged to notify any of the following individuals; a supervisor, Program Coordinator, or LAFD Volunteer Coordinator. The LAFD Volunteer Coordinator may be contacted through the LAFD Personnel Services Section at (213) 978-3750.

Electronic copies of City of Los Angeles source documents, referenced in this Acknowledgement, can be obtained by contacting the LAFD Volunteer Coordinator at the LAFD Personnel Office.

Acknowledgement Signature:
My signature below acknowledges that I have read and understand the above listed policies.
As a citizen volunteer with the Los Angeles Fire Department, I agree to abide by the above referenced policies. I understand that any volunteer who violates the City's policies will be prohibited from continuing in a volunteer capacity.

Print Name: _____ LAFD Volunteer Program: _____

_____
Volunteer Signature Date
If under 18 years of age, must have Parent or Guardian consent

_____
Parent/Guardian signature of consent Date