



# 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)

LAFD VOLUNTEER INSURANCE SUMMARY (volunteer retains copy of summary)

## APPLICATION PACKET NEXT STEPS

PLEASE SCAN AND EMAIL THE COMPLETED APPLICATION PACKET TO [membership@lafdacs.org](mailto:membership@lafdacs.org) AND ALSO MAIL A COPY TO:

LAFD Personnel Services  
Attn: Cynthia Panagiotidis  
200 N. Main St., 16th Floor  
Los Angeles, CA 90012

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

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

THE VOLUNTEER 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 Tactical Call # FCC Call #

CERT GENERAL Support Services

Date:

Last Name First Name Middle Initial

Address

City State Zip Code

Home Phone Work Phone

Cell Phone Pager

Email Address: INDICATE SHIRT SIZE:

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

**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 \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ 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	<p style="text-align: center;"><i>This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.</i></p> <p>CLASSIFICATION: _____ SPECIALTY: _____</p> <p>REGISTERING AGENCY OR JURISDICTION: CITY OF LOS ANGELES FIRE DEPARTMENT (LAFD)</p> <p>SIGNATURE OF AUTHORIZED PERSON: _____ TITLE: _____</p> <p>REGISTRATION DATE: _____ RENEWAL DATES: _____</p> <p>EXPIRATION DATE:* _____ DSW CARD ISSUED?: NO? YES? #: _____</p> <p>PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____</p>
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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?			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: LAFD Computing Policies and Electronic Access 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 Angeles 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 Cynthia Fletes, LAFD Volunteer Coordinator at [cynthia.fletes@lacity.org](mailto:cynthia.fletes@lacity.org)**

**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

Willis North America Inc.  
Policy Summary – Group Accident  
Policy Holder: City of Los Angeles for Volunteer Workers  
200 N. Main Street, Los Angeles, CA 90012  
Insurance Co. One Beacon Insurance  
Policy: 214-00-00-00-0000  
Coverage: Group Accident Insurance  
Coverage Term: Three Year  
Effective Dates: April 1, 2013 to April 1, 2016

*The following is a brief description of the Group Accidental Death and Dismemberment Plan provided for authorized volunteer workers of the City of Los Angeles. The benefits described are subject to certain limitations and exclusions as described in the Policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the Policy.*

**Insured Person:**

All Volunteer Workers of the City of Los Angeles

**Eligibility:**

Volunteer Workers while performing your duties in the scope of an authorized volunteer assignment for the City of Los Angeles.

**Benefit Amount:**

Your maximum Benefit Amount will be \$25,000. At age 70, the Benefit Amount will be reduced as follows:

Age at Date of Loss	<u>Percent of Benefit Amount</u>
70-74	65%
75-79	45%
80-84	30%
85 and Older	15%

**Description of Coverage:**

This plan offers protection 24 hours a day; 365 days a year against certain injuries resulting from a covered accident sustained in the course of performing your duties as an authorized volunteer for the City of Los Angeles, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

**Benefits Provided:**

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech or hearing, or paralysis of certain limbs, resulting from a covered accident within 365 days of the date of the accident, OneBeacon America Insurance Company, may pay certain Benefit Amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable.

**Additional Benefits Provided:**

• **Accident Medical Expense Benefit (any covered accidental injury including Dismemberment):** If you sustain a covered accidental injury for which medical expenses (in excess of any other valid and collectible insurance) are incurred within 365 days of the covered accident, provided the first treatment or service occurs within 30 days of such accident, an accident medical expense benefit may be paid.

Expenses not covered under this additional benefit are: for any pre-existing conditions; any expenses covered by Workers Compensation; any expenses covered by Medicare; any services of a Federal, Veteran's, State or Municipal hospital for which you are not liable; expenses which are more than reasonable and customary; cosmetic, plastic or restorative surgery unless medically necessary for the treatment of the covered injury; any expenses recoverable in a settlement or court judgment; expenses which are covered under any other kind of insurance; expenses for which you are not legally obligated to pay; and any expenses that are not medically necessary for the treatment of the covered injury. The maximum amount payable under this benefit is \$25,000 for any one covered accident.

• Hearing Aid or Prosthetic Appliance Benefit: If you suffer a covered injury resulting in a loss that is payable under the Accidental Dismemberment and Covered Loss of Use Benefit and you are required to use a hearing aid or prosthetic appliance as a result of the covered injury, an additional benefit may be paid equal to the lesser of the actual cost or 10% of your Benefit Amount -to a max. of \$10,000.

· Home Alteration and Vehicle Modification Benefit: If you suffer a covered injury resulting in a loss that is payable under the Accidental Dismemberment and Covered Loss of Use benefit and you are required to use a wheelchair to be ambulatory on a permanent basis as a result of the covered injury an additional benefit may be paid equal to the lesser of the actual onetime cost for alteration to your home or vehicle or 10% of your Benefit Amount-to a max. of \$10,000.

· Seat Belt Benefit: If you suffer, a loss of life in a covered automobile accident while wearing a factory installed or manufacturer authorized seat belt or lap and shoulder restraint, an additional 10% of the applicable Benefit Amount may be paid – to a maximum of \$10,000.

#### Exclusions and Limitations:

This plan does not cover any loss caused by, contributed to or resulting from:

- Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- War or any act of war, whether declared or undeclared;
- Involvement in any type of active military service;
- Illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease;
- Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot;
- Being intoxicated;
- The use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse\ Prevention and Control Act of 1970 as amended and the regulations issued under its authority unless taken as prescribed by a physician or for a non-prescription controlled substance unless taken in accordance with its directions;
- Traveling or flying in any aircraft except to the extent stated in the Hazards Section.

#### Claims Provisions:

You, your beneficiary, or someone on their behalf, must give OneBeacon America Insurance Company written notice of a covered loss within 20 days of such loss. The notice must name you and the policy number. The toll-free number to report a claim is: 866-583-2233. The claim form must be sent to: OneBeacon Insurance/ A&H Claims, PO Box 1009, Morristown, N.J. 07962- 1009.

#### Important

This summary is intended to highlight the main features of the coverage provided under this policy. For specific details concerning the terms, conditions, coverage and exclusions refer to the actual policy.