

**LOYALTY OATH OF OFFICE FOR PUBLIC OFFICERS AND EMPLOYEES  
AND  
CHILD/DEPENDENT ADULT ABUSE FORM**

**OATH**

State Constitution, Article XX, Section 3, as required by Section 3100 - 3109 of the Government Code:

Social Security Number: \_\_\_\_\_

STATE of CALIFORNIA, COUNTY of: \_\_\_\_\_

All public employees are disaster service workers. Before taking up their duties employees must take the oath or affirmation required by law (Government Code 3100-3109).

I, \_\_\_\_\_ (*print name*), 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 reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

**CHILD/ADULT DEPENDENT ABUSE**

California State Law (California Penal Code 11166.5 - Child Abuse and California Welfare and Institutions Code 15630 - Dependent Adult) requires any District employee who has knowledge of or observes a child (anyone under 19) or a dependent adult (one whose physical or mental limitations restrict his/her ability to protect his/her rights) in the employee's professional capacity or within the scope of his or her employment whom he or she knows, or in the case of child abuse, reasonably suspects, has been the victim of physical, sexual or mental abuse, to report the known or suspected instance of abuse to the District Police immediately or as soon as practicably possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

These reports are confidential and your identity will be protected. No administrator or supervisor may impede or inhibit your reporting nor can you be harassed or disciplined for reporting.

The District is obliged to inform all employees of these requirements and to maintain this form as proof that you have been informed.

I have read, understand, and agree to comply with the reporting requirements on child and dependent adult abuse. I have also read, understand and agree to comply with the Oath of Office.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

***THIS FORM IS TO BE RETURNED TO THE PERSONNEL DEPARTMENT AND FILED IN THE EMPLOYEE'S PERSONNEL FILE.***