

E.M.A Oath Requirement

Each exercise participant is obligated to read and sign the oath of the Champaign County Emergency Agency (E.M.A). The purpose of such oath is designed to protect the integrity of the laws established by the Constitution of the United States and that of the State of Illinois; in addition, agreeing upon not to individually or in part to overthrow the Government of the United States by any mean. Upon the applicant’s signature of the Champaign County Emergency Management Agency Oath, the applicant will receive benefits under the Worker’s Compensation Act and the Worker’s Occupational Disease Act which will be available to volunteers suffering disease, injury or death in exercises, training related to the EOP or specific search-and-rescue team responses, subject to the requirements or conditions set forth in this Subpart.

Oath Required of E.M.A Personnel

I, (First, Middle Initial, Last) _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic that I take this obligation freely, without any mental reservation or purpose of evasion and that I will and faithfully discharge duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the Champaign County Emergency Management Agency. I will not advocate, nor become a member of any political party or organization that advocates that overthrow of the government of the United States, or of this State by force or violence.

Signature

Date of Birth

Phone Number

Street Address

City

State

Zip Code

Printed name of the Champaign County
EMA Coordinator or other person authorized
to administer this oath.

EMA Coordinator (or designee) Signature

Date