

**COOK COUNTY DEPARTMENT OF PUBLIC HEALTH
COOK COUNTY EMERGENCY MANAGEMENT AGENCY**

FORM B

COOK COUNTY EMERGENCY MANAGEMENT AGENCY OATH OR AFFIRMATION

In accordance with the Illinois Emergency Management Agency Act, I, _____, 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 the 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 well and faithfully discharge the 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 Cook County Emergency Management Agency. I will not advocate nor become 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. Cook County Code of Ordinance, Chapter 24, Article II, Section 26-40, (Ord. No. 07-O-58, 10-2-2007).

I have read and understand the above language and I specifically agree to these terms as governing my participation in the Cook County Medical Reserve Corps.

Signature: _____
Print Name: _____
Date: _____

State of Illinois
County of _____
Subscribed and Sworn to before me this
_____ day of _____ 2009.

Notary Public

My Commission Expires: _____ (NOTARY SEAL)