



## Emergency Service and Disaster Oath

### Madison County E.S.D.A

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 Madison County E.S.D.A. 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 this State by force or violence.

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Larry Ringering, Madison County EMA

\_\_\_\_\_  
Printed Name of Person Authorized to Administer Oath

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return Form to: Debra M. Tscheschlok R.N., B.S.N.  
Madison County Health Department  
101 E. Edwardsville Road  
Wood River, Illinois 62095

Questions call: ERC Debra at 618-296-6080 or Secretary Dola at 618-296-6059  
(The health department will collect the forms for EMA)