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JOHNSON COUNTY

DEPT OF EMERGENCY MANAGEMENT

VOLUNTEER LOYALTY OATH

Revision 2024-04-24

PLEASE PRINT OR TYPE EVERYTHING EXCEPT SIGNATURE AT BOTTOM OF FORM

Last Name: _____ First: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different) _____

"I, _____,
do solemnly swear or affirm that I will support the Constitution of the United States, the
Constitution of the State of Arkansas, and that I will faithfully discharge the duties upon which I
am about to enter."

Dated this _____ day of _____, _____

(DAY)

(MONTH)

(YEAR)

WITNESS

SIGNATURE