

## Pledge to the Arizona State Citizen Corps Council

The scope and effects of a significant natural or human caused emergency or disaster may overwhelm local or state government capabilities. When deploying to such an event,

\_\_\_\_\_  
(Citizen Corps Program Name)

pledges to work cooperatively with the Arizona State Citizen Corps Council (AZSCCC) to support state and local governments in responding to the emergency by providing affiliated and registered volunteers to render assistance.

In order to ensure that this assistance is coordinated with the actions of other AZSCCC Programs/Units, volunteer organizations, and state and/or local government response units:

1. We pledge to adhere to all plans and procedures specified in the Citizen Corps Activation Annex of the State of Arizona Emergency Response and Recovery Plan.
2. We pledge to adhere to all credentialing requirements as set forth and adopted by the AZSCCC.
3. We acknowledge that our Citizen Corps program is registered with the National Citizen Corps Council.
4. We seek recognition as an organization available to provide registered and affiliated volunteers as specified in the Citizen Corps Activation Annex of the State of Arizona Emergency Response and Recovery Plan.
5. We accept our responsibility to maintain and provide AZSCCC with a copy of our deployment roster, if requested. That roster will include designated representative(s) to contact for assistance and include address, phone/fax numbers, and e-mail addresses of those members deployed to a statewide incident.
6. We pledge to provide the name and contact information for an official authorized to approve deployment citizen corps assets under this pledge.
7. By signing, we reaffirm our commitment to collaboration and cooperation by and between all AZSCCC volunteer organizations.
8. We understand that this pledge is effective until such time as we withdraw the pledge.

**Citizen Corps Program:**

CERT                       Fire Corps                       MRC                       Neighborhood Watch                       VIPS

Program Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Local Citizen Corps Council Chairperson

\_\_\_\_\_  
Citizen Corps Program Sponsor Agency Representative or Chairperson

Received by AZSCCC Coordinator \_\_\_\_\_ Date \_\_\_\_\_