**RESOLUTION NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESOLUTION BY THE GOVERNING BODY OF THE**

**(Name of CITY or COUNTY)**

**RELATIVE TO WORKERS’ COMPENSATION BENEFITS FOR**

**REGISTERED DISASTER SERVICE WORKER VOLUNTEERS**

WHEREAS, Section 8585.5 of the Government Code provides:

The California Governor’s Office of Emergency Services (Cal OES) shall establish by rule and regulation various classes of disaster service worker volunteers and the scope of the duties of each class. Cal OES shall also adopt rules and regulations prescribing the manner in which disaster service worker (DSW) volunteers of each class are to be registered. All of the rules and regulations shall be designed to facilitate the payment of workers’ compensation; and

WHEREAS, Cal OES adopted rules and regulations establishing classes of DSW volunteers, the scope of duties of each class, and the manner of registration; and

WHEREAS, Section 8612 of the Government Code provides:

Any disaster council which both agrees to follow the rules and regulations established by Cal OES pursuant to the provisions of Section 8585.5 and substantially complies with those rules and regulations shall be certified by the office. Upon that certification, and not before, the disaster council becomes an accredited disaster council; and

WHEREAS, the **\_\_(Name of City or County)\_\_** has registered and will hereafter register DSW volunteers; and

WHEREAS, the **\_\_(Name of City or County)\_\_** desires to become an “accredited disaster council” organization in order that injured DSW volunteers registered with it may benefit by the provisions of Chapter 10 of Division 4 of Part 1 of the Labor Code;

NOW, THEREFORE, the Council of **\_\_(Name of City or County)**  hereby agrees to follow the rules and regulations established by Cal OES pursuant to the provisions of Government Code Section 8585.5.

The Clerk/Recorder is hereby instructed to send a certified copy hereof to Cal OES.

EFFECTIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_  
(Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Manager/Mayor/Chair of Board

ATTEST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Clerk/Recorder  
— — — — — — — — — — — — — — — — — — — — — — —

Mail a certified copy to:

California Governor’s Office of Emergency Services

Preparedness Branch

3650 Schriever Avenue

Mather, CA 95655