Please bring to the attention of your City or District Attorney

RESOLUTION NO. 604

RESOLUTION OF THE CITY COUNCIL (BOARD OF SUPERVISORS)

OF THE CITY (COUNTY) OF Redla

RELATIVE TO YORKMEN'S COMPENSATION INSURANCE FOR REGISTERED VOLUNTEER "DISASTER SERVICE "OLKERS"

THEREAS, Section 1599.1 of the Military and Veterans Code, Chapter 104, Statutes 1946, 1st Extraordinary Session, provides:

"The California State Disaster Council shall establish by rule and regulation various classes of disaster service workers and the scope of the duties of each class. The California State Disaster Council shall also adopt rules and regulations prescribing the manner in which disaster service workers of each class are to be registered. All such rules and regulations shall be designed to facilitate the paying of workmen's compensation", and

WHEREAS, the California State Disaster Council on April 4, 1546, adopted rules and regulations establishing classes of disaster service workers, the scope of duties of each class and the manner of registration of such volunteer workers; and

WHEREAS, Section 1599.2 of the Military and Veterans Godo, Chapter 104, Statutes 1946, 1st Extraordinary Session, provides:

"Any disaster council which both agrees to follow the rules and regulations established by the California State Disaster Council pursuant to the provisions of Section 1599.1 of this code and substantially complies with such rules and regulations shall be certified by the California State Disaster Council. Upon making such certification, and not before, the disaster council becomes an accredited disaster council", and

WHEREAS, the City (County) of Wellands
has registered and will hereafter register volunteer Disaster Service
Workers, and

Filsd: July 17, 1947 attest: H. W. Whaley, Ecty Clarke 4 10-46 anne Chacomber, deputy desires to become an "accredited Disaster Council" organization in order that injured Disaster Service Workers registered with it may benefit by the provisions of Chapter 104, Statutes 1946, 1st Extraordinary Session,

The City (County) Clerk is hereby instructed to send two certified copies hereof to the California State Disaster Council.

EFFECTIVE Jeile, 17 1949

Mayor or Chairman

ATTEST:

City or County Clerk

Name of Personnel Officer

in charge of registration

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Mail to: California State Disaster Council P. O. Box 1407 Sacramento 7, California