
Drugs and Alcohol Policy

Certification for Volunteers and Employees in Nationally Paid Units

It is the policy of the Red Cross to maintain a workplace that is free from the effects of drug and alcohol abuse. The Red Cross will not tolerate any abuse of drugs or alcohol that imperils the health or well-being of its volunteers and employees or the customers it serves, threatens its operation, or compromises the safety of its products and services.

While on Red Cross property or while performing corporate business, volunteers and employees are prohibited from the use of, abuse of, involvement in the manufacturing of, distribution of, possession of or dispensation of illegal drugs. Volunteers and employees are also prohibited from using alcohol to the extent that it violates laws, negatively affects Red Cross activities, or adversely affects the reputation of the organization. Engaging in this prohibited conduct will result in disciplinary action, up to and including termination of employment.

Volunteers and employees who use legally prescribed drugs during work, and have any reason to expect that such use may affect their ability to perform work, must report this fact to the supervisor. Volunteers and employees who are experiencing work-related or personal problems resulting from alcohol or drug abuse or dependency are encouraged to seek confidential assistance through the EAP.

I have received, read and understand the American Red Cross Policy on Drugs and Alcohol. I acknowledge that I must abide by the American Red Cross Drug and Alcohol policy and notify my manager within five calendar days of a conviction of any drug- or alcohol-related offense. If I am working on a project funded by a federal grant, I acknowledge that as a condition of my employment on that grant I must notify my manager within five calendar days of a conviction of any drug- or alcohol-related offense in the workplace. I also understand that failure to comply with this requirement will result in disciplinary action up to and including termination of employment.

Date

Employee's Signature

Employee's Name (print)

Employee's Title (print)

Department/Division