





**Volunteer Emergency Contact Information**

**Primary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternate**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**DRUG AND ALCOHOL FREE WORK PLACE ACKNOWLEDGEMENT**

Agency Policy: (From Personnel Policies)

Presbyterian Homes & Family Services, Inc. shall maintain DRUG FREE WORK PLACES in accordance with the U.S. Department of Health and Human Services regulations. Any and all unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including alcoholic beverages, is prohibited.

The agency shall maintain a drug and alcohol free awareness program by informing volunteers of this policy and requiring all volunteers to sign a statement agreeing to abide by the policy, to voluntarily submit to a drug test based on reasonable suspicion of drug use, and to notify the agency of any criminal drug statute conviction for a violation occurring in the work place.

Any volunteer suspecting another volunteer/employee of substance abuse affecting performance at the work place is required to report that to his/her Program Director or the Volunteer Coordinator who will interview the suspected volunteer/employee.



I understand and acknowledge having read the above Drug and Alcohol Free Workplace Policy of Presbyterian Homes & Family Services, Inc. as required by the U.S. Department of Health and Human Services.

As a volunteer I will abide by the terms of that policy, and will notify my supervisor of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby agree to submit to voluntary drug testing by Presbyterian Homes & Family Services, Inc. based upon reasonable suspicion of drug use.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### **VOLUNTEER CONFIDENTIALITY**

All information pertaining to our clients, their families, programs, personnel or agency is considered confidential and treated with full regard for the protection, safety and privacy of those involved. Contractual consultants are included in this practice standard. No information is provided without the written consent of the client and guardian, as applicable, unless otherwise required by law. Confidentiality includes written, verbal and collateral information.

I fully understand the practice of confidentiality and shall perform my job in full in accordance with and regard for this standard.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date