



**American
Red Cross**

DRO REGISTRATION for DSHR MEMBERS

Proper Name _____ Date _____

DSHR # _____

DR# _____

Type of Advance received: DSC Cash Advance None

Read and check the appropriate response or initial the statement after reading.

1. I completed my Pre-Assignment Health Questionnaire prior to leaving home and there are no health related issues or limitations that will keep me from performing my assigned duties at this time.

Yes, no issues or limitations

No, I did not complete the
Pre-Assignment Questionnaire

2. I have reviewed the hardship codes associated with this disaster relief operation and understand how they will affect me personally.

Yes, I understand the associated
hardship codes

No, I did not review them

3. I have reviewed and understand the pre-assignment information provided through CrossNet prior to arriving.

Yes, I have reviewed and
understand the information

No, I did not review the information

I understand that the use of my personal cell phone and/or personal computer or other electronic devices is at my own risk, and that costs will not be reimbursed by the Red Cross. _____

initial here

I verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. _____

initial here

I have read the Fundamental Principles of the Red Cross Movement and agree to abide by them during my assignment. _____

initial here

I have read the Red Cross Standards of Conduct for Disaster Relief Workers and agree to abide by them during my assignment with the American Red Cross. _____

initial here

I agree to report any accidents or health problems to Staff Health Services or my supervisor within 12 hours of the occurrence. I understand that my own insurance will be used as coverage for any illnesses and non-work related injuries, and that I am ultimately responsible for any costs incurred.

initial here

I understand that any incorrect or false information provided above may result in my assignment being terminated, and/or may result in my DSHR membership being terminated. _____

initial here

Date: _____

Worker's Signature

***If worker answered No to numbers 1 or 2,
worker must proceed to Staff Health before assignment.***

***If worker answered No to number 3,
worker must proceed to Orientation before assignment.***

Assignment Location	Lodging Location/Room #	Date	Completed By: