



# PERSONAL STATEMENT OF UNDERSTANDING

Name \_\_\_\_\_

I am  an applicant for  
 a member of the Disaster Services Human Resources (DSHR) System of the American Red Cross.

I understand there are certain conditions I must accept as a member of the DSHR System.

**1. Availability**

I am available and able to service on disaster assignments within the continental United States as well as its territories and possessions for indefinite periods depending on the needs of the disaster relief operation. I understand assignments vary in duration and are determined by the needs of the organization and other considerations. I understand assignments take place within high pressure work situations in adverse conditions such as long and irregular hours, erratic and inappropriate food, eating and sleeping conditions; extreme heat, cold or dampness; crowds, noisy environment, and exposure to dust or other allergens. I understand my assignment may be extended or curtailed in accordance with applicable Red Cross policies, procedures and staffing requirements, determined at the discretion of Red Cross Disaster Services. I understand that I must keep my unit of affiliation apprised of my specific dates of availability for assignment.

**2. Work Performance**

I am willing to comply with all directives issues by Disaster Services. I will uphold and follow the policies of the organization. I understand that I may be released from an assignment and/or removed from the DSHR System for a violation of policy or a personnel/performance issue.

**3. Reimbursement for Official Assignment Expenses**

I understand that there are established policies and procedures of the Red Cross for reimbursement of expenses for food and lodging, and certain other related expenses, incurred in connection with official assignments on disaster operations. I understand that failure to comply with said regulations may result in my dismissal from the DSHR System.

**4. Status**

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

I understand that I must update this form as soon as any changes in the above occur and submit and updated form on an annual basis.

I fully understand the mandatory requirements indicated above and certify that I am able to comply with them. If these statements are found to be incomplete or untrue, I understand that my enrollment in the DSHR System will be terminated.

<b>IF SUBMITTING THIS FORM ELECTRONICALLY, CHECKING THE BOX BELOW WILL SERVE AS PROPER SIGNATURE.</b>	
<input type="checkbox"/> By checking this box, I acknowledge, understand, and agree to the above statements and terms.	Date:
<b>FOR NON-ELECTRONIC SUBMITTALS, PLEASE SIGN BELOW</b>	Date:
Signature:	