



G.E. Ratchford
Chief of Police

CRAMERTON POLICE DEPARTMENT

Support Services Division



W.B. Adams
Captain

DRUG SCREENING THROUGH URINALYSIS VOLUNTEER CHAPLAIN APPLICANT CONSENT FORM

I, _____, understand that as part of the Volunteer Chaplain Program with the Town of Cramerton Police Department I must submit to a urinalysis screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purposes of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of my appointment as a Department Chaplain.

I understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied appointment as a Department Chaplain.

I authorize disclosure of the drug screen results by and between the test laboratory, Medical Review Officer, and the Cramerton Police Department.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the Cramerton Police Department.

Signature of Volunteer Applicant

Date signed

STATE OF NORTH CAROLINA
COUNTY OF GASTON

I, _____, a notary public I and for said county and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

Witness my hand and notarial seal, this the ____ day of _____, _____.

Notary Public Signature

My Commission Expires: _____