



BADGER CREEK WILDFIRE

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DRUG & ALCOHOL POLICY

To: Applicants

- 1.) Any person while attending BCWF "Badger Creek Wildfire" training found to be in possession of, or under the influence of an illegal or controlled substance will be expelled from classes and reported to the proper authorities. BCWF may test if it has any reason to believe an infraction has or is occurring. Refusal to test will result in expulsion from training. You are hereby agreeing to searches of area / property if illegal activity is suspected. This search may be conducted with or without you be present. This search of your area/property may also be conducted by law enforcement at BCWF's request with or without you being present if illegal activity is suspected.
- 2.) Any person found to be operating equipment belonging to BCWF will be expelled from training if found to be over the legal limit and or in an impaired state of alcohol or drugs. If during training you are found to be consuming alcohol or doing drugs you will be expelled. **ANY PERSON FOUND TO BE DRIVING ANY MOTORIZED VEHICLE BELONGING TO BCWF AND DRINKING ANY ALCOHOLIC BEVERAGE OR USING ANY ILLEGAL DRUGS WILL BE EXPELLED!!!**
- 3.) Applicant's shall notify BCWF of any prescribed drugs they are taking and provide proof from a physician if requested. All OTC "Over The Counter" medications will be used properly, if not please refer to paragraph #1. You will provide a list of all prescribed and OTC's to BCWF at the time a test is preformed
- 4.) All Applicant's will be tested in the event of a Motor Vehicle Accident involving serious injury or death.
- 5.) **NO ALCOHOL OR DRUGS WILL BE ALLOWED ON BCWF PROPERTY OR CONSUMPTION WHILE TRAINING WITH BCWF!**
- 6.) **IF DURING TRAINING ANY INFRACTIONS OF THIS POLICY IS FOUND IMMEDIATE EXPULSION WILL OCCUR AND VIOLATOR WILL BE RELEASED AT THAT TIME, BCWF WILL NOT PROVIDE RETURN TO BASE TRANSPORT FOR THE VIOLATOR!!**

I _____ have read and understand the above policy and agree to

(PLEASE PRINT NAME)

follow it.

Please initial in spot provided by each Policy Statement above.

Employee Signature _____ Date: _____

