

Student Organization Travel

CSU Driver Application/Declaration

This form should be submitted to the Campus Life Advisor (CLA) along with required documents listed in Section I.

Section I: Requirements of All Applicants

1. I understand I am required to be a member of a Sonoma State University Chartered Organization.
2. Copy of your valid driver's license.
3. Approved 'Request to Operate Vehicles on University Business' or 'Authorization to Use Privately Owned Vehicles on State Business.
4. Proof of the vehicle's liability insurance (if driving privately owned vehicle).
5. Approved 'University Volunteer Form'.
6. Documentation of completion of the campus defensive driving training (e.g. Certificate, e-record, note from campus training officer).

Section II: Driver Policies

1. Drivers must have a valid Driver's License.
2. Drivers must be 18 yrs or older to drive CSU owned vehicles, but must be 21 or older to drive CSU approved rental vehicles on university approved trips. Drivers must be 18 yrs or older to drive personal vehicles, with or without passengers. Drivers driving personal vehicles must have the minimum automobile liability insurance coverage required by the state.
4. Drivers are expected to obey all traffic laws including driving at or below the posted speed limit, or at a safe speed based on the conditions.
5. Drivers must refrain from distracting behaviors while driving: eating, drinking, using cell phones, adjusting radio channels etc.
6. All travelers must wear seat belts. Number of passengers must not exceed number of operational seatbelts.
7. In the event of a motor vehicle accident, the driver must follow the campus vehicle accident procedures.

Section III: Travel Policies

1. Total daily driving distance not to exceed 800 miles irrespective of the number of approved drivers
2. For trips over 400 miles in one direction, two approved drivers are required for each vehicle.

3. No single driver may drive more than 3 hours without taking a mandatory minimum 15 min. break.
4. No travel occurs between midnight and 6am.

Section IV: Trip Leader Authority

The Club Contact is responsible for the safe operation of a vehicle and therefore has the authority to enforce all policies and to ask for compliance from all passengers and drivers.

Section V: Vehicle Declaration (Private Vehicles). (An additional 'CSU form' may be required for vehicle approval.) Please initial every statement

 1. I verify that the vehicle being driven (Lic. Plate#) is adequate for the work to be performed, is equipped with seat belts and is in safe mechanical condition.

 2. I understand that by driving I am taking responsibility for those whom I am transporting while they are in my vehicle. I further understand that when driving, there is a risk of being involved in a motor vehicle accident and that as a result, one might sustain damage to their property, sustain bodily injury or even death.

Section VI: Driver Agreement/Declaration

Please initial every statement

 1. I understand the information outlined in Sections I, II, III, IV, V.

I also certify the following:

 2. I possess a valid California or other State driver's license.

 3. I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three) during the past 12 month period.

 4. Within the past 5 years, I have had no DUI convictions, reckless driving convictions or any conviction that has led to a license suspension or revocation.

 5. I understand and agree to abide by all driver policies listed in Section II.

 6. I understand that I must immediately report any accident that I am involved in to the Club Contact and submit a vehicle accident report.

 7. I understand that I must immediately report any subsequent moving violations, DUI or reckless driving citations to the Campus Life Advisor.

Official Use Only

- Copy of DL
- Completed 'Request to Operate Privately Owned Vehicle Form' (if applicable)
- Proof of Vehicle Insurance Card
- Approved 'Volunteer Form'
- Defensive Driving 'Certificate of Completion'

Approved Not Approved

Signature _____ Date _____

Club Contact: _____

Date: _____

Driver Name: _____



Non-Faculty Volunteer Appointment Form

INSTRUCTIONS: To complete this form on-line, place your cursor at the beginning of the first shaded space, type, and tab to the next shaded space. The hiring department completes Section I. The volunteer completes Section II. When the form is complete and all signatures have been obtained, make a copy for the volunteer. The volunteer may use their copy to complete Section III and follow instructions if campus conveniences are desired. The department sends the original to the Employee Services Office (Salazar, Second Floor). **Incomplete forms will not be accepted and will be returned to the hiring department for completion.**

SECTION I: POSITION INFORMATION TO BE COMPLETED BY HIRING DEPARTMENT		
Department: Student Involvement	Effective Date: 9/1/18	Termination Date*: 5/31/19
Supervisor: Rob Smith	Extension: x3949	
Appropriate Administrator: Mo Phillips	Extension: x4323	
Assignment and Summary of Duties: Driving myself and members to and from events.		
Will the volunteer work with minor children?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will the volunteer drive a vehicle on University business?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the volunteer travel on University business?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate Administrator: _____		Date: _____

SECTION II: VOLUNTEER EMPLOYEE INFORMATION TO BE COMPLETED BY VOLUNTEER	
Volunteer Employee Name:	<input type="checkbox"/> SSU Staff <input type="checkbox"/> SSU Student <input type="checkbox"/> Other
Date of Birth:	Phone Number:
Address:	City, State, Zip:
Emergency Contact Name:	Phone Number:
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. I understand that I serve at the pleasure of my supervisor. In addition, this confirms that I have received notification of my benefits, rights, and responsibilities under Worker's Compensation.	
Signature of Volunteer: _____	
Date: _____	

SECTION III: CAMPUS CONVENIENCES FOR VOLUNTEER EMPLOYEES	
If you ARE receiving academic or professional credit at SSU or any other institution, or if you are a University student, staff, or faculty member, you are not eligible for campus conveniences as a volunteer employee. If you are NOT receiving academic or professional credit for volunteering, nor a University student, staff, or faculty member, then you are eligible for the following campus conveniences:	
<ul style="list-style-type: none"> • Library Privileges: Take your copy of this completed form to the University Library. • Parking Permit: Complete the following information and take your copy of this completed form to Police Services (located in the Sonoma Building in Verdod Village). 	
Vehicle Make/Model:	Vehicle License Number:
Signature of Volunteer: _____	
Date: _____	

* A current volunteer does not need to complete a new appointment form if the current assignment was made in accordance with previous appointment policy instructions and if all information is current.

**AUTHORIZATION TO USE PRIVATELY OWNED
VEHICLES ON STATE BUSINESS**

STD. 261 (REV. 3-95)

*This approval must be renewed annually.
Supervisor: Retain Original Copy***I. CERTIFICATION**

In accordance with State Policy (*S.A.M. 0753 & 0754*) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

ROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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