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).

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 lead 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

<table>
<thead>
<tr>
<th>Department: Student Involvement</th>
<th>Effective Date: 9/1/18</th>
<th>Termination Date*: 5/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor: Rob Smith</td>
<td>Extension: x3949</td>
<td></td>
</tr>
<tr>
<td>Appropriate Administrator: Mo Phillips</td>
<td>Extension: x4323</td>
<td></td>
</tr>
<tr>
<td>Assignment and Summary of Duties: Driving myself and members to and from events.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will the volunteer work with minor children?  ☒ Yes  ☐ No
Will the volunteer drive a vehicle on University business?  ☐ Yes  ☒ No
Will the volunteer travel on University business?  ☐ Yes  ☒ No

Appropriate Administrator: ___________________________ Date: ________________

Section II: Volunteer Employee Information to be Completed by Volunteer

<table>
<thead>
<tr>
<th>Volunteer Employee Name:</th>
<th>☐ SSU Staff  ☐ SSU Student  ☐ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Address:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Emergency Contact Name:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

Are you under 18 years of age?  ☐ Yes  ☒ 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:

- 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 Verdet Village).

<table>
<thead>
<tr>
<th>Vehicle Make/Model:</th>
<th>Vehicle License Number:</th>
</tr>
</thead>
</table>

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.
STATE OF CALIFORNIA

ANTORIZATION TO USE PRIVATELY OWNED
VEHICLES ON STATE BUSINESS

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

STD. 261 [REV. 3-95]

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.

<table>
<thead>
<tr>
<th>DRIVER'S LICENSE NUMBER</th>
<th>STATE</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE'S SIGNATURE</td>
<td>PRINT NAME</td>
<td>DATE SIGNED</td>
</tr>
</tbody>
</table>

II. APPROVAL

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

<table>
<thead>
<tr>
<th>ROVING AUTHORITY SIGNATURE</th>
<th>TITLE</th>
<th>DATE APPROVED</th>
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III. RENEWAL

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

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