**UNIVERSITY OF WISCONSIN OSHKOSH**

**VOLUNTEER DRIVER AUTHORIZATION FORM**

**Complete entire form**. Mail to Parking Services, 800 Algoma Blvd., Oshkosh WI 54902; Attn: Driver Authorization. Or Email: driverauth@uwosh.edu.

1. Name (please print):

First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department or Business Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Description of official State business activities for which this request is made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Length of time you will need to drive on University business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of years driving experience: \_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Driver License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. State of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Probationary\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other than Wisconsin, you will need to provide a driver abstract with at least two years of driving history.

1. When a privately-owned vehicle is to be used, it should be in good state of repair. In case of accident, owner’s coverage is primary.

Vehicle Use Agreement

* I acknowledge that I have received and/or read a copy of the statewide [Fleet Driver and Management Policies and Procedures](https://fleetportal.wi.gov/Home/ShowFleetPolicies). I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of work/volunteer rules.
* As a condition of my driving a state-owned vehicle or receiving reimbursement of driving expenses for personal vehicles, I agree to a check of my driving record on a periodic basis.
* I further agree to immediately inform my supervisor/volunteer coordinator and agency fleet manager/coordinator of any negative change in the status of my driving record. I will also inform them in writing whenever I become disqualified under State fleet policies. Changes include but are not limited to OWI/DUI citation, license revocation, restriction or suspension. Failure to report such changes may result in the revocation of the privilege of driving a state-owned vehicle or reimbursement of driving expenses for personal vehicles.
* I acknowledge that I meet the stated minimum standards.
* A volunteer may be allowed to drive a state-owned/leased vehicle or personal vehicle for University business if all of the following minimum standards are met:
  + Must have a valid driver license
  + Must have a minimum of two years licensed driving experience, and
  + Must be eighteen (18) years of age.
* I acknowledge that my driving record does not reflect any of the listed conditions.
* A volunteer may not be able to drive a state-owned or personal vehicle for University business if his or her driving record reflects any of the following conditions:
  + Three (3) or more moving violations and/or at-fault accidents in the past two (2) years
  + An OWI or DUI violation within the past year (OWI/DUI violations are for operating a vehicle while under the influence of an intoxicant, controlled substance or other drug.)
  + A current Suspension or Revocation of the driver license.

I certify that the above information is accurate and true.

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PRINT Name Signature of Volunteer Date

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Staff/Coordinator Requesting Authorization Department Phone Number

SIGNATURE of Staff/Coordinator & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Information

Coverage for use of University-owned vehicles is restricted by our State Self-Funded Liability Program. It is a requirement of the State Self-Funded Liability Program that any student or volunteer driver must have an approved Student or Volunteer Driver Authorization Form on file in our office to qualify as an agent of the State prior to using a University vehicle.

In no case will this form be valid beyond the school year (August 31 of each year).

Definition of a Volunteer Driver: An individual other than a student, employee or Regent.

**------------------------------------------------------------------------------------------------------------------------------------------** Driver Authorization: Approved \_\_\_\_\_\_\_\_\_\_\_\_ or Denied \_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date Emailed