



Non-Employee Student / Volunteer

Driver Authorization Packet

Checklist

Required Forms:

- Complete and sign the Application for Vehicle Operation Authorization (VOA) (included). The applicant's supervisor must sign this form.
- Read, understand, and sign the University Driver Authorization Process (DAP) (included).
- Complete a Volunteer Identification Form (included). Turn in the original form to Human Resources, and send Risk Management a copy.
- Include a photocopy of your driver's license to turn into Human Resources.

Conditional forms:

- If driving a privately owned vehicle (not state/university owned), complete form STD 261 located at <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std261.pdf>
- If driving more than once a month or twelve times a year, complete Defensive Driver Training. This course is good for four years from date of completion. There are two available options:
 - CSU Learn. This training takes 60 minutes. To access: Go to My Sac State / Employee Center / CSU Learn / Search field "Defensive Driving" / Select "Defensive Driving Fundamentals."
 - Log on to [LearnerWeb](#). Select Course Catalog. In search field, enter "defensive driving." Click on "Launch" for Defensive Driving Fundamentals (60 min). Complete course. Print out certificate of completion at the end of the course.
- If driving a golf cart, especially in the inner campus, complete the Golf Cart Safety Training. Access the "Golf Cart Safety v2016" training course on LearnerWeb at <http://www.csus.edu/aba/ehs/employee-training.html>

For more information on driving on university business, please visit our website at <http://www.csus.edu/aba/risk-management/driving-on-university-business.html>



This form is a request to operate vehicles on University business. You must have your supervisor's permission to operate any vehicle on University Business. The Use of University and Private Vehicles Policy Guidelines of the California State University (CSU) require the following:

Before operating a vehicle on University business, you must first provide evidence of, certify, and maintain the following:

1. Must be 18 or older. Drivers under 18 may not drive on university business (SAM MM 04-13).
2. Possess and maintain a valid and appropriate State Driver's License (foreign licenses are not permitted).
3. Maintain a good driving record*.
4. Signature below authorizes enrollment in the DMV's Employee Pull Notice (EPN) Program. Risk Management Services (RMS) reviews the driving record every year and will consult with supervisors if there are multiple adverse driving violations or accidents.
5. Complete the CSU approved Defensive Driving Fundamentals, if applicable. Online training is available. Training is valid for four years and must be repeated thereafter (SAM 0751).
6. Complete the Golf Cart Safety training, if applicable. Online training is available.
7. Students may drive on University business as a volunteer. Volunteers will be placed in the Driver Program for one year and must be renewed annually.
8. An employee must be authorized to drive their privately-owned vehicle by submitting and renewing [STD 261](#) on a yearly basis.
9. Employees are required to carry minimum automobile liability insurance as required by the State of California. Mileage reimbursement includes an amount to maintain minimum insurance coverage.
10. When university employees rent a vehicle under the State of California car rental agreement, they are covered by an insurance policy provided by the car rental agency.
11. Report all accidents to Risk Management Services (RMS) immediately.

Name: First _____ Middle _____ Last _____

CA Driver's License Number: _____ License Class: A B C

CA Driver's License Expiration date: _____ CSUS ID# (not SSN): _____

University Position: _____ Department: _____

Agreement, Certification, Release, and Acknowledgement

I hereby release and waive any claims against the State of California, the CSU and Sacramento State that may be related to the use of this information in my employment.

*I certify that I am in possession of a valid California or other State Driver's license. I certify that I have not been issued more than two moving violations or have not been involved in more than two motor vehicle accidents (or any combination of the two thereof) during the past twelve-month period.

Driver Signature: _____ Date: _____

Authorization Signature: _____ Date: _____
Program Manager/Dean/Director



Employees who are required to operate motorized vehicles on University/State business are required to complete, provide evidence of, certify, maintain, and acknowledge the following:

1. Complete and sign the Vehicle Operation Authorization (VOA) application. This form provides appropriate authorization and acknowledgment that driving records will be reviewed through the DMV Employer Pull Notice Program.
2. If an employee desires to drive a privately owned vehicle on University business, STD 261 form (Authorization to Use Privately Owned Vehicles on State Business) must be filled out and signed by a supervisor. This form is to be recertified annually.
3. Drivers with Out of State Licenses must obtain and provide a driving record from their state every year OR get a California State Driver’s License. Foreign licenses are not permitted.
4. All drivers who drive on University business more than once a month or twelve times a year (Frequent Drivers) are required to complete Defensive Driver Fundamentals training course every four years. This course is accessible through MySacState/ Employee Center/ CSU Learn OR CSUS EHS Safety Training (LearnerWeb) <http://www.csus.edu/aba/ehs/employee-training.html>
5. All drivers who drive on University business using a golf cart, whether on the inner campus or not, must complete the University’s Golf Cart Safety Training. This course is accessible through LearnerWeb.
6. Emphasis on pedestrian safety while driving on the inner campus is a priority. Vehicle operations on the inner campus pathways shall be minimized as follows:
 - a. Vehicle operators shall plan their routes to maximize the use of streets (if the vehicle is street legal) and routes approved for bicycles while minimizing travel in the inner campus pathways (the bicycle-free areas).
 - b. Pedestrians shall be afforded the right-of-way at all times.
 - c. The speed limit while operating on inner campus pathways: 5 mph.
 - d. The speed limit anywhere on campus with pedestrians present: the pedestrian’s speed plus one mph
 - e. Park in designated or assigned areas as to not obstruct pedestrians, doorways, or fire zones.
7. Maintenance and safety inspections, as well as dispatch and checking out of University owned vehicles, are the responsibility of Facilities Services.
8. Program Center Managers, College Deans, Chairs, and Department Directors:
 - a. have responsibility for identifying which positions require driving as an essential job function.
 - b. shall not permit unauthorized employees to drive on University business. Managers can verify an employee’s driving status with RMS.
 - c. will be notified by RMS when enrolled employees have records that are questionable.

University Driver Authorization Process (DAP)

I, _____ have read and understand the above policy and process and my obligations that are stated.

Print Name

Signature: _____ Date: _____

ARE YOU ELIGIBLE FOR VOLUNTEERING? Before you continue, verify if you are:

Receiving academic or internship credit? YES NO Receiving pay or any other compensation? YES NO
 Receiving credit for a certification? YES NO A current contractor or consultant with Sacramento State? YES NO

If "yes" to any question, you do not meet the volunteer criteria and cannot serve as a volunteer. If "no," please continue.

Submit completed form to HR/Employment Services · Del Norte Hall suite 3009, campus zip 6032 · (916) 278-6326

ALLOW UP TO 10 BUSINESS DAYS TO PROCESS OR LONGER IF A BACKGROUND CHECK IS REQUIRED

FORMS SUBMITTED WITH ELAPSED END DATES WILL NOT BE ACCEPTED

APPLICANT INFORMATION

Current status: No Affiliation Faculty or Staff Student CalPERS Annuitant & Agency Name _____

Last Name: _____ First Name: _____ MI: _____

Sac State/EMPL ID #: _____ OR *Social Security #: _____ *Date of Birth: _____
 (mm/dd/yyyy)

*A Social Security number and Date of Birth are optional if the applicant has a previously established record. For new volunteers, a Social Security number and Date of Birth are necessary to verify identity and document participation to comply with risk management/liability requirements.

Address: _____
Street City Zip Code

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

VOLUNTEER ACKNOWLEDGEMENT

This is to acknowledge that I desire to volunteer my services and perform the duties listed below. I understand that services rendered by me will be at the direction of the named supervisor and/or designee and will not be compensated. Further, I understand that I serve at the discretion of my supervisor and/or designee.

Confidentiality of Records: I acknowledge that information contained in Student Financial and Human Resources records for Sacramento State students, employees, volunteers and alumni must be maintained in a confidential manner. I understand that as a volunteer of an office that has access to records in computer information systems or any other source, I am required to maintain this information in a confidential manner. The unauthorized access to, modification, deletion or disclosure of information in any such system may compromise the integrity of the system or otherwise violate individual rights of privacy and/or constitute a criminal act. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this information is punishable by fine and/or imprisonment. Further, I understand University computer systems are for the use of authorized use only. I acknowledge and agree to the preceding confidentiality.

I acknowledge that I cannot start volunteer duties until notified by Department Supervisor.

I have read and understand the [California State University Volunteer Policy](#)

Are you under the age of 18? NO YES – If YES, attach Parental Release Form

Volunteer Signature: _____ Date: _____

DEPARTMENT INFORMATION

Department:		Campus Zip:	
Supervisor Name:		Title:	
Campus Phone:		Campus Email:	
Start Date (mm/dd/yyyy):		End Date (mm/dd/yyyy):	

Assignment & Summary of Duties:

Is a professional license or certificate required? YES NO If YES, Specify:

While on University business, will the Volunteer:	<input type="checkbox"/> Travel	<input type="checkbox"/> N/A
	<input type="checkbox"/> Drive a vehicle (Attach copy of Driver's License / Defensive driving course required.)	

BACKGROUND REQUEST CHECKLIST - MUST BE COMPLETED BY SUPERVISOR

LIVE SCAN (FINGER PRINTING) REQUIREMENTS - WILL THE VOLUNTEER:

- YES NO Be in a sworn CSU Police Personnel Position (California Government Code §1029 and 1031)
- YES NO Be in a Police Officer Cadet Position (California Government Code §1029 and 1031)
- YES NO Be in a Police Dispatcher Position (Commission Regulation 1959)
- YES NO Be in direct contact with minor children at a camp operated by the CSU (Education Code §10911.5)
The CSU is clarifying that campuses may conduct a search of the sexual offender registry for volunteers who will have regular or direct contact with minors.
- YES NO Be in a position with access to stored criminal offender record information (11 CCR §703 and 11 CCR § 707)
- YES NO Be in a position with access to patients, drugs or medication (California Labor Code § 432.7)

BACKGROUND CHECK REQUIREMENTS – WILL THE VOLUNTEER:

- YES NO Be in a position with access to Level 1 Data (protected, private or sensitive information)

The background search must be concluded and the results reviewed and approved by HR prior to starting volunteer duties.

Supervisor Signature:		Date:	
Dean/Chair/Administrator Signature:		Date:	

INSTRUCTIONS: Submit completed form to HR/Employment Services, Del Norte Hall suite 3009, campus zip 6032. After review by HR, an email notification will be sent to the Supervisor advising them of the Volunteer's status. If approved, it is the Supervisor's responsibility to contact the Volunteer to start the assignment. Submitted forms are not returned, be sure to keep a copy for your records.

Human Resources ONLY

Designated HR Representative Review		Date:	
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CLASSIFICATION & COMPENSATION REVIEW (only for volunteers who are current employees):

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initials of Class & Comp Analyst:	Date:	
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Reason for Denial:

