

**Request to drive District/ District Leased Vehicles Process  
Covering Students/ temp employees/ volunteers  
For driving self or other students**

- Student/ temp employee/ volunteer submits the following to their division office  
Administrative Assistant:
  - Copy of Driver's License
  - Certified Copy of DMV Record for past 10 years (Obtained at DMV for \$2, online version does not show “points”)  
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome>
  - Copy of Proof of Insurance
  - Auto Permission Form
  - Volunteer Form
  - Protocols for driving District vehicles
  
- Division Review
  - All documents listed above must be received and reviewed for completeness.
  - Documents are sent to the Business Office for final review.
  
- Business Office Review
  - Criteria for Approval
    - Student must be over 21 years of age
      - \* If a student is under 21 years of age, approval can be given to drive a District vehicle only with no passengers if they have no “points” on their record.\*
    - Must have no “points”
      - “Points” older than 5 years can be disregarded depending on the violation.
  - If there is something questionable on a student’s driving record the Business Office may request additional information.
  
- Letter sent to Student and Faculty signed by VP, Admin Services
  - This letter is sent to individual students and relevant faculty to inform everyone who is approved and who is not approved. Students that are approved need to carry this letter when driving the vehicles.
  
- If student is approved, they must complete the Keenan 20 minute online Defensive Driver training
  - Once student completes training the certificate will be printed by HR and given to the division office to add to the complete packet.
  - Letter and packet is sent by Admin Assistant of BO back to requesting office with a copy to HR (Tina Wahlund) and Purchasing Specialist.
  
- Documentation & Letter is kept on file in the Business Office & a copy given to requesting division

\* At this time students under the age of 21 cannot drive rental vehicles or District vehicles with passengers.



# Automobile Use Permission Form

Status, check box:            Employee            Temp Employee            Student            Volunteer

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Year and Make of Auto \_\_\_\_\_ Vehicle License No. \_\_\_\_\_

Insurance Carrier/Agent \_\_\_\_\_

Phone \_\_\_\_\_ Liability Limits \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driving Restrictions \_\_\_\_\_ 6 Month Renewal            Yearly Renewal

***I certify the above information is correct, current and the insurance coverage is in force. I understand I must advise the District, in writing, of any changes to the above information. I further certify that the above vehicle is mechanically safe.***

Owner of Vehicle  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**The District strongly encourages employees to rent a vehicle for District-related travel. Rental vehicles are to be procured through the *Enterprise* account using the District's Corporate Account Number: DB30H13.**

**If you choose to drive your personal automobile while on District business and you are involved in an accident, by law, your liability insurance policy is used. The District does not cover, nor is it responsible for any damages to your vehicle.**

To be completed by Cost Center

I hereby approve use of personal auto for college-related business for the fiscal year \_\_\_\_\_

**APPROVED:**

Cost Center Manager \_\_\_\_\_ Date \_\_\_\_\_

Senior Staff \_\_\_\_\_ Date \_\_\_\_\_



## Acknowledgement of Voluntary Work

(A separate authorization is required each semester)

For \_\_\_\_\_ Semester 20\_\_\_\_

Date/s Volunteered \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Social Security Number or Employee Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number: Days \_\_\_\_\_ Evenings \_\_\_\_\_

I, \_\_\_\_\_, willingly volunteer my services to the Redwoods Community College District in the way of time and labor in assisting the \_\_\_\_\_ department in whatever way is deemed reasonable and advisable.

*This is to advise you that College of the Redwoods has adopted a Board Resolution to cover authorized volunteers for the purpose of workers' compensation insurance. Workers' compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in volunteer services to the College.*

*I fully accept and understand that while performing such service, I shall operate under the supervision of \_\_\_\_\_, during the \_\_\_\_\_ semester 20\_\_\_\_\_.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Approved by Department/Division Administrator: \_\_\_\_\_

Approved by Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Action by Board of Trustees: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

### Protocols for Driving CR District / District Leased Vehicles

Because we are committed to the safety of our students and to the general public, and in the interest of ensuring that College of the Redwoods is represented appropriately in our community, we have set forth the following protocols to be followed by any individual approved to drive College of the Redwoods vehicles while on official business.

1. You will use the vehicles only for reasons approved by the division Manager OR by one of the College's faculty/associate faculty members.
2. You will obey all posted speed limits and will follow all applicable laws and rules of the road.
3. You will ensure that any passengers in the vehicle are wearing their seatbelts.
4. You will not drive with the radio/stereo at an excessive volume so as to interfere with your ability to hear potential emergency vehicles or other road hazards.
5. You will endeavor to represent the College and your academic program in a professional manner.

Violation of these guidelines will result in the revocation of your approval to drive District vehicles.

By signing below, you agree to abide by the conditions set forth in this document.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Approved by:

Dean/ Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Eureka**

7351 Tompkins Hill Rd  
Eureka, CA 95501  
(707) 476-4100

**Del Norte**

883 W. Washington Blvd  
Crescent City, CA 95531  
(707) 465-2380

**Eureka Downtown**

525 D Street  
Eureka, CA 95501  
(707) 476-4500

**Klamath-Trinity**

65 Orchard St.  
Hoopa, CA 95546  
(530) 625-4821