**APPENDIX D. Volunteer Vehicle Use Agreement Form**

**General Information – This form expires yearly on May 31st. and any authorizations submitted between March 1st and May 31st will extend into the next calendar year.**

**Volunteer drivers –** anyone who does not have UW-Eau Claire login credentials. Please print clearly or type.

|  |  |  |
| --- | --- | --- |
| Driver’s Full Name (include full middle name): | Driver’s License No.: | State: |
| Driver’s Email Address: | Driver’s Date of Birth (mm/dd/yyyy): |
| Driver’s Phone Number: | Number of years driving experience: |
| Driving for What Department: | Department Phone Number: |
| Driving Start Date: | Driving End Date: |

Driver authorization is required for students, limited term employees, agents, volunteers, and employees whose job requires them to drive on university business. This includes: a State/University owned vehicle, any rented or leased vehicle, and/or a personally owned vehicle while on university business.

**Paper VUA Instructions:**

* 1. **Wisconsin Drivers:**
1. If you have less than 2 years driving experience in Wisconsin, skip to step B.
2. The driver will complete this form and return it to your department/supervisor for signature approval.
3. The supervisor/department will send Risk Management, Safety and Sustainability (RMSS) in Schofield 230.
	1. **Out-of-State Drivers:**
4. The driver will complete this form.
5. Complete a [notarized statement](Appendix%20C.%20Notarized%20Form.docx).
6. Make a scanned (or picture) **copy of the front AND back** of your out-of-state license.
7. Return all documents to your department/supervisor for signature approval.
8. The supervisor/department will send all documents to the Office of RMSS in Schofield 230.

**NOTE:** Completed forms are to be returned to the driver’s immediate supervisor or faculty sponsor for their signature and promptly forwarded to the Office of RMSS in Schofield 230. Email notification of a denial will be made to both the driver and supervisor/faculty member. Please allow processing time up to 10 days.

**Driver Agreement:** I acknowledge that I have read & reviewed the Office of RMSS policy “[Vehicle Use Agreement (VUA) Policy](../../Safety%20Program%20Practice%20Directive/2023/Draft%20Safety%20Policies/Vehicle%20Use%20Agreement%20Policy.docx)” & UW-System driving policy 🡪 [[Vehicle Use and Driver Authorization](https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/vehicle-use-and-driver-authorization/)](https://www.uwec.edu/risk-management-safety/resources/driver-authorization-vehicle-use/). I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of rules. I understand that my driving record will be checked periodically & authorization will be terminated at the “Driving End Date” entered on this form above or when my driving record fails to meet the minimum driving standards.

I further agree to inform my supervisor/faculty sponsor of any negative change in the status of my driving record, such as license revocation, restriction, or suspension. I understand that any negative change in the status of my driving record or the failure to report such a change may result in the revocation of the privilege of driving on university business.

|  |  |
| --- | --- |
| Driver Signature  | Date (mm/dd/yyyy)  |
| Supervisor/Faculty Sponsor Name (please print or type)  | Supervisor Phone Number  |
| Supervisor/Faculty Sponsor Signature  | Date (mm/dd/yyyy)  |

**More information can be found on the RMSS website**: [Driver Authorization & Vehicle Use](https://www.uwec.edu/LPS/resources/driver-authorization.htm)

Risk Management, Safety and Sustainability at safety@uwec.edu or call 715-836-2457