



Western Oregon UNIVERSITY

Employee Name (print): _____

V#: _____

Department: _____

Phone: _____

Driver's License: _____

State: _____

Expiration: _____

By Signing below I acknowledge that:

- I have read and understand the Golf Cart/Utility Safety Policy
- I understand the hazards associated with driving a Gold Cart/Utility vehicle and agree to abide by the safety guidelines
- I have been provided with the opportunity to ask questions related to these guidelines

Employee Signature

Date

Supervisor Signature

Date

- One copy to be kept in supervisors file at employees department
- The completed form is to be sent to the Campus Public Safety/Risk Management Department