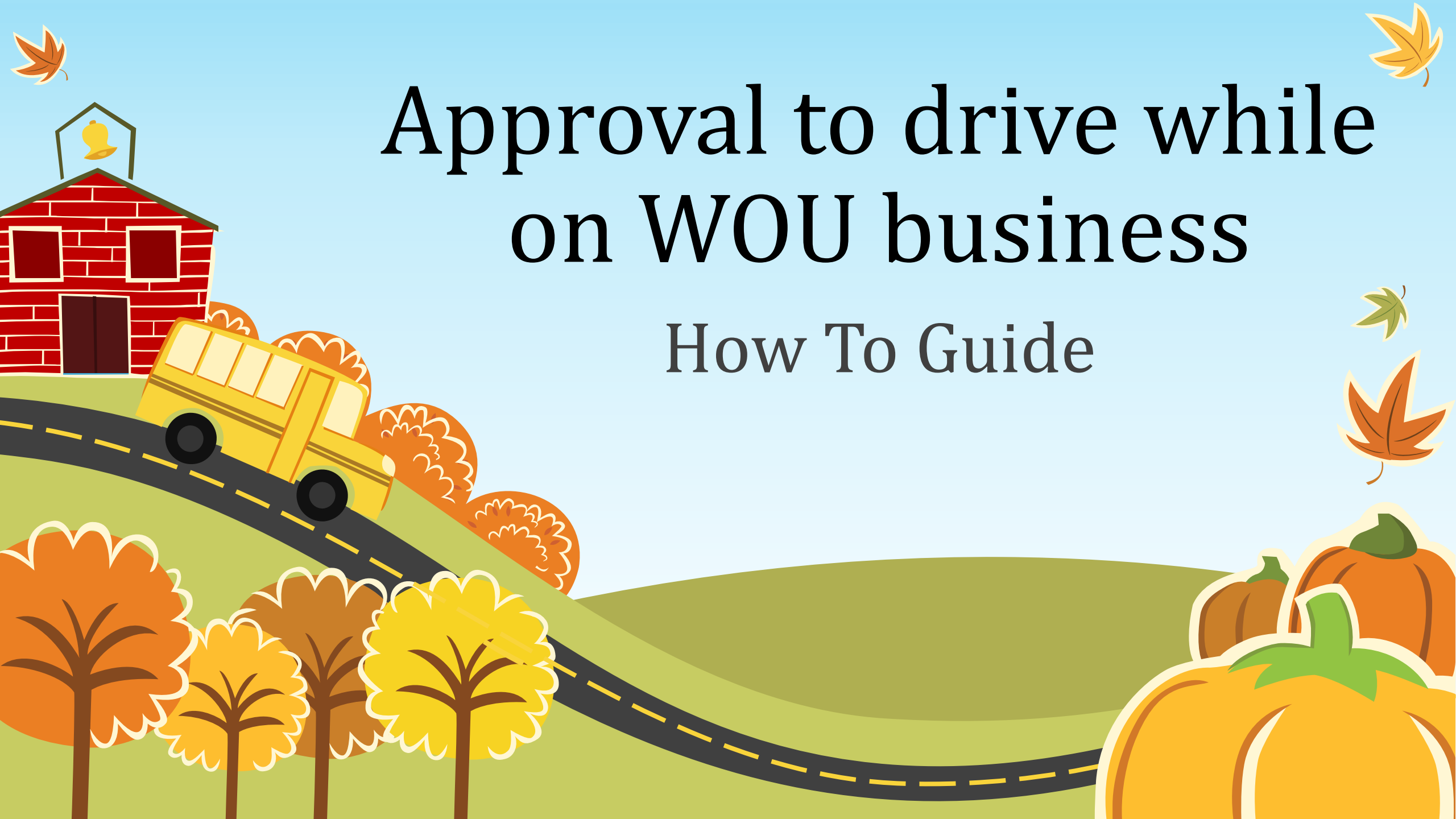


# Approval to drive while on WOU business

## How To Guide



# Driving a state vehicle on WOU business

- Fill out the driver authorization form on the computer
- Faculty and Staff's driver's licenses are automatically processed once a year
- Students expire on June 30<sup>th</sup> of every year (the end of the academic year)

**ORIGINALS GO TO PUBLIC SAFETY. DO NOT KEEP COPIES. IF YOU EMAIL OR FAX THIS  
SHRED THE ORIGINAL**

## WESTERN OREGON UNIVERSITY DRIVERS AUTHORIZATION PLEASE FILL OUT COMPLETELY AND CLEARLY

In connection with the campus Vehicle Use Policy approved by the President's staff, and to receive approval to drive a state motor pool vehicle, please provide the following information.

Check One: FACULTY \_\_\_\_\_ STAFF \_\_\_\_\_ STUDENT \_\_\_\_\_ VOLUNTEER \_\_\_\_\_ OUTSIDE AGENCY \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_
2. OSU or WOU ID No. \_\_\_\_\_ Operator's Date of Birth \_\_\_\_\_
3. Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_
4. Work phone # \_\_\_\_\_ E-Mail \_\_\_\_\_
5. Authorizing Department or Agency \_\_\_\_\_
6. Department/Agency Address \_\_\_\_\_
7. Driver/Dept Information Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_
9. Van Safety Training Course Completed? Yes \_\_\_\_\_ No\*\* \_\_\_\_\_ \*\*IF NO, you can NOT transport students in any size van for Western Oregon University or check out a 12-passenger van from Oregon State University. (if completed please provide a copy with this form)
10. Golf Cart/Utility Vehicle Course Completed? Yes \_\_\_\_\_ No\*\* \_\_\_\_\_ \*\*IF NO, you can NOT drive a golf cart or utility vehicle for Western Oregon University (if completed please provide a copy with this form)

FACULTY AND STAFF ARE AUTHORIZED IF THE MINIMUM DRIVER REQUIREMENTS BELOW ARE MET. WESTERN OREGON UNIVERSITY WILL CHECK DRIVING RECORD ON AN ANNUAL BASIS.

ADDITIONAL INFORMATION NEEDED FOR STUDENTS AND VOLUNTEERS:

10. Date Authorized from \_\_\_\_\_ Date Authorized to \_\_\_\_\_ (Up to one year only)
11. Project Leader/Supervisor/Advisor \_\_\_\_\_ Phone # \_\_\_\_\_

Any person operating a state vehicle MUST meet *Minimum Driver Requirements and Voluntary and Compulsory Driver Standards* in OAR 125-155-0100-0200 as summarized below:

1. Be 18 years or older.
2. Hold a valid and current driver license.
3. Have NO major traffic offense within the last 24 months. This includes reckless driving, DUI, failing to perform the duties of a driver, driving while suspended, eluding a police officer, felony or misdemeanor driver license revocation or suspension of driving privileges within the last 24 months.
4. Have NO more than three moving traffic violations within the last 12 months.
5. Have NO careless driving convictions within the last 12 months.
6. Have NO Class A moving traffic infractions within the last 12 months.

As the driver, I certify that I meet the above driver requirements and standards and should I fail to meet these requirements and standards at ANY time during my authorization period, I will notify my authorizing department and/or supervisor immediately. I am familiar with the Policies and Procedures governing the use of State vehicles as outlined in OAR 125-155. My signature below authorizes the Public Safety Office to access my driving record.

Driver's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I HEREBY AUTHORIZE THE ABOVE PERSON to operate a State-owned vehicle in accordance with Oregon State Law and Oregon State and/or Western Oregon University Policies and Regulations.

Signature of Dean/Director/Dept Chair or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or printed name of signer: \_\_\_\_\_

# Driving your personal vehicle on WOU business

- Fill out the driver authorization form
- Fill out the private auto certificate of insurance
- New forms need to be completed if you change insurance companies



## PRIVATE AUTO - CERTIFICATE OF INSURANCE



Have you filled out a "driver authorization form"

**Please Note:** This certificate must be filled out by: **1)** the owner of any privately owned automobile that is used to transport students, faculty, staff, or volunteers conducting WOU business; or **2)** any students, faculty, staff, or volunteers who claim mileage reimbursement from WOU. Fill out a form for each insurance policy you may be using on WOU business

**It is the responsibility of the driver to notify Public Safety if insurance has changed.**

|  |   |
|--|---|
| Your Name: _____   | Name and Address of Insurance Agency:<br>_____<br>_____ |
| The name and address of insured (this could be your dad)<br>_____<br>_____ | Policy Number: _____                                    |
| Your phone number: _____   | Agent's Phone Number: _____                             |

**This is to certify that the policy of insurance listed has been issued to the insured above and is in force at this time.**



**I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from specified locations and the State of Oregon will not cover my private vehicle for use on State business except as defined by law. I hereby certify that all the above mentioned information is valid and true at this time.**

Insured or Driver's Signature: \_\_\_\_\_

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



# Driving a van and carrying at least one passenger

- Fill out the driver authorization form on the computer
  - Take the online van safety test. Here is the link:  
<http://transportation.oregonstate.edu/motorpool/video/van-safety>
  - OSU will send you an email saying you passed
  - Forward that email to Public Safety
- 
- 



# Driving a golf cart or utility vehicle

- Watch a safe driving video
  - Pick up and return it at Public Safety
- Fill out the golf cart-utility vehicle form



Employee Name (print): \_\_\_\_\_

V#: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expiration: \_\_\_\_\_

By Signing below I acknowledge that:

- I have watched the DVD
- 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



# Campus Public Safety Driving Resources/Info.

- All forms need to be legible. Contact Public Safety with questions.
  - Public Safety is open 24/7
  - Phone: 503-838-8481
  - Fax: 503-838-8100
  - Email: [dispatch@wou.edu](mailto:dispatch@wou.edu) (this email can be viewed by every person who works for us)
  - Emergency number: 503-838-9000
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# Student travel paperwork (exempt is travel required for class) If you are traveling for the Athletics Department contact your coach)

- Fill out the “student travel request form”
  - Submit to the Vice President for Student Affairs Office
  - Once signed, a copy goes to Public Safety

## STUDENT TRAVEL REQUEST WESTERN OREGON UNIVERSITY

### INSTRUCTIONS:

- ⇒ This form is to be completed by the faculty/staff advisor or the group's contact person.
- ⇒ Student travel for any WOU purpose must receive approval.
- ⇒ Requests must be submitted to the Vice President for Student Affairs, Werner University Center, Rm. 210, for **approval prior** to travel to the event or activity.

### Travel Information

Organization Name: \_\_\_\_\_  
(Student organization or academic department)

Destination: \_\_\_\_\_ Travel Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure Time: \_\_\_\_\_ a.m./p.m. Return Time: \_\_\_\_\_ a.m./p.m.

Travel Route/s: \_\_\_\_\_  
(Example: north on 99W, east on 22, north on I-5)

Purpose of Travel: \_\_\_\_\_

Faculty or Staff Advisor Traveling with Student/s or Student Group: Yes  No

Contact Person: Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
PRINT

Telephone number of Contact Person: \_\_\_\_\_

Pre-Travel Authorization Filed: Yes  No  If Yes, a copy is attached.

### Transportation

Circle One: STATE OWNED VEHICLE PRIVATELY OWNED VEHICLE  
COMMERCIAL AIRLINE TRAIN BUS

Driver: \_\_\_\_\_ Driver: \_\_\_\_\_

Driver: \_\_\_\_\_ Driver: \_\_\_\_\_

### Travel Approval

Approval Recommended by: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Faculty/Staff/Advisor Signature

Approved: Yes  No

- Every student going on the trip must sign a waiver
  - Submit the waivers to the Vice President for Student Affairs (VPSA) Office

**ON / OFF CAMPUS  
WESTERN OREGON UNIVERSITY  
STUDENT LIABILITY WAIVER**

Western Oregon University will allow students to attend \_\_\_\_\_, The activity  
will begin \_\_\_\_\_ a.m./p.m. and end \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_  
Location: \_\_\_\_\_

Persons wishing to participate in WOU sponsored activities agree to the following that are applicable to the event.

- I agree to abide by the following rules:
  - Pay a fee of \$\_\_\_\_\_ (if applicable) for transportation, lodging, food, etc.;
  - Sign the Emergency Contact Person list prior to the event when traveling to an off-campus event.
  - Follow safety and other instructions provided by the university, and activity coordinators;
  - Share responsibility for my personal safety and not endanger others who are participating in the activity;
  - Operate and use equipment, tools and materials in a proper and safe manner. If my failure to act safely at all times results in injury, I may forfeit my right to participate in the activity at the discretion of the Faculty/Staff Advisor or Contact Person;
  - Immediately report all defective equipment and/or unsafe acts and dangerous conditions to a professor or the person(s) in charge of the event/activity;
  - Operate a State of Oregon motor vehicle only with a WOU authorization obtained in advance.
- **I agree to abide by WOU's policy and standards regarding alcohol and drugs as outlined the WOU Student Travel Policy.**
- I understand that participation in this activity is voluntary and that failure to comply with this waiver or in any way bring discredit to the University or participants will terminate my participation.
- I acknowledge that I have the physical capacity reasonably necessary to engage in the activity described above.
- I acknowledge by attending the activity I am encouraged to have a physical examination in advance and obtain adequate personal health and accident insurance prior to participating in the activity.
- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses that are incurred on my behalf.
- The Oregon Tort Claims Act (ORS 30.260 to 30.300) permits Western Oregon University to accept responsibility only for the acts of its officers, employees, and/or agents. Western Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. I indemnify, defend and hold harmless the State, Western Oregon University, its officers, agents and employees from all claims, suits or actions of any nature arising out of my participation in the above described activity, other than negligent acts of Western Oregon University, its officers, employees and/or agents.
- I acknowledge that I am participating at my own risk. I understand there is a risk of injury in participating in the following travel, \_\_\_\_\_, due to the inherent nature of the activity. By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

\_\_\_\_\_  
Name / Signature / Date

See Emergency Contact Form for emergency contact person information.



# Every person going on the trip must fill out the emergency contact list

- The original goes to Public Safety (before you leave)
- A copy goes in every vehicle that is traveling for the event
  - We will make copies for you, just ask

**EMERGENCY CONTACT PERSON LIST**  
WESTERN OREGON UNIVERSITY SPONSORED OFF-CAMPUS EVENT

**Instructions:** This form is to be completed by all participants/travelers, including the Contact Person. A separate form is required for each vehicle. The original of this completed form/s will be given to Campus Public Safety prior to leaving WOU. A copy of this completed form/s will accompany the student or student group during the Off-Campus Event and will be maintained by the Contact Person.

EVENT NAME: \_\_\_\_\_ DESTINATION: \_\_\_\_\_  
LEAVE WOU: \_\_\_ / \_\_\_ / \_\_\_ a.m./p.m. RETURN WOU: \_\_\_ / \_\_\_ / \_\_\_ a.m./p.m.

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\_\_\_\_\_  
Name / Signature / Date

Emergency Contact Person / Relationship / Telephone

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

---

\_\_\_\_\_  
Name / Signature / Date

Emergency Contact Person / Relationship / Telephone

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

---

\_\_\_\_\_  
Name / Signature / Date

Emergency Contact Person / Relationship / Telephone

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

---

\_\_\_\_\_  
Name / Signature / Date

Emergency Contact Person / Relationship / Telephone

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)



# Once the groups have completed their travel, all paperwork is forwarded to the VPSA Office



- If you turn all of your paperwork into Public Safety we will forward it to the VPSA Office

VPSA Office:

In the Werner University Center room 203, across from the Wolf Store

503-838-8221

[studentaffairs@wou.edu](mailto:studentaffairs@wou.edu)

