

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

- Student/ temp employee/ volunteer ("Driver") submits the following to their division office Administrative Assistant ("Requester"):
  - \* Volunteers now require Fingerprinting; Consult HR prior to completing any forms\*
    - Copy of Driver's License
    - Certified Copy of DMV Driver's Record: Obtained at DMV for \$5, or online \$2 (1.95% payment processing fee.)  
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome>
    - Copy of Proof of Insurance
    - Auto Permission Form
    - Volunteer Form (not relevant to temp hires)
    - 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
    - Driver must be over 21 years of age
      - \* If a Driver 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 Driver's driving record the Business Office may request additional information.
- If Driver is approved, they must complete the Keenan 20 minute online Defensive Driver training
  - Once Driver 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 Executive Assistant of BO back to requesting office with a copy to HR and Purchasing Specialist.
- Letter sent to Driver and Requester signed by VP, Admin Services
  - This letter is sent to Requester and the Requester is to inform everyone who is approved and who is not approved. Drivers that are approved need to carry this letter when driving the vehicles.
  - Documentation & Letter is kept on file in the Business Office & a copy given to requesting division

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



# 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: \_\_\_\_\_



# College of the Redwoods Automobile Use Permission Form

FISCAL YEAR 2025-2026

Please complete this form with your manager prior to any travel.

Please check appropriate box:

Employee

Temp Employee

Student

Volunteer

Name: \_\_\_\_\_ CR ID #: \_\_\_\_\_ (Employee ID or Student ID)

Department: \_\_\_\_\_

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

Year & Make of Auto: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Driving Restrictions: \_\_\_\_\_

*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.**

**APPROVED BY:**

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

Senior Staff: \_\_\_\_\_ Signature: \_\_\_\_\_ 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