



**FACULTY/STAFF, STUDENT AND VOLUNTEER DRIVER INFORMATION
RELEASE AND AGREEMENT**

This form is to be completed by all faculty/staff, student and volunteer drivers using a District vehicle or driving a personal vehicle on District business. All drivers must be age 21 or older. For volunteers and temporary employees, having one or more points on their DMV record may disqualify them as a driver. **District vehicles MAY NOT be used for personal business at any time.** Every section of this form must be completed for approval. Please do not leave any blanks. Please print.

DRIVER INFORMATION

Location: FC CC SCE **Status:** Hourly Classf F/T Faculty Adj. Fac Student Volunteer
(Please check one) Manager (Please check one)

Driver Name: _____

Driver Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Driver's License Number: _____ / _____ Expiration Date: _____
 Number State

Do you maintain personal automobile liability insurance as required by California Vehicle Code: Yes No
Please attach a current copy of Driver's License and insurance I.D. card.

I certify that the above information is true and correct. In signing this Release and Travel Waiver Agreement, I agree to the following conditions:

1. I currently hold a valid California Driver's License for the type of vehicle being operated. My California Driver's License will not expire during the requested "Dates of Use". I shall maintain a valid California Driver's License at all times when driving a District vehicle and/or when driving a personal vehicle on District business.
2. Should my California Driver's License become suspended, cancelled, or revoked, I shall immediately inform the District Risk Manager and cease driving a District owned vehicle and/or a private/rented vehicle on District business.
3. I will maintain a personal automobile liability insurance policy as required by the California Motor Vehicle Code, when I drive a personal automobile on District business.
4. I shall immediately inform the District Risk Manager should my personal automobile liability insurance policy change, or become cancelled. I shall immediately cease driving a personal vehicle on District business.
5. I shall immediately cease driving a District vehicle and/or a private/rented vehicle on District business, as soon as I receive notification by the District that I do not qualify as a volunteer driver.
6. I agree to drive in a reasonable and prudent manner and abide by all applicable State and local laws, ordinances, and regulations.
7. My passengers and I will utilize any and all safety measures such as seat belts that the vehicle may be equipped with, and I will refrain from any distracting activities including but not limited to the use of cellular phone while the vehicle is in motion.
8. If I should become involved in an automobile accident while driving a District vehicle or while driving on District business in a private automobile, I shall immediately report any and all automobile accidents that may have caused property damage and/or bodily injury to the District Risk Manager at (714) 808-4779 and follow up with completed "Auto Accident Report Kit" found in the glove box of District vehicles and/or provided by the facilities office.

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9. In the event of an accident resulting in property damage and/or bodily injury, I shall immediately make a report to the local law enforcement agency and I will not leave the scene of the accident until I have been directed to do so by law enforcement official.
10. In the event an accident occurs while using a private vehicle on District business, I understand that the private vehicle insurance policy is primary per the California Vehicle Code. A concurrent report must be made to the private insurance company and the District Risk Manger.
11. I understand that the use of a District vehicle is for District business only and I agree not to use this vehicle for my personal business at any time, including periods when participating in out-of-town/state field trips. I understand that violation of this agreement may terminate my permissive vehicle user status and compromise my liability coverage through the District.
12. I give my permission to allow the District or its agent to obtain my motor vehicle record from the California Department of Motor Vehicles at any time.

I have read the forgoing and I am fully aware of the legal consequences of signing this Release and Travel Waiver Agreement and I hereby voluntarily agree to the terms that are stated above. I hereby voluntarily sign this form.

Volunteer Driver Signature

Date

District Signature

Date

To be completed by Site Coordinator: Date of Vehicle Return: _____ Initials: _____