

FIELD TRIP INSTRUCTIONS
Hutchins School of Liberal Studies
Students Driving Personal Vehicles
(Not Student Employees)

FACULTY:

1. Students must have a completed *Emergency Information Form* on file. Students can check their files if they are not sure they filled one out or they can get one from the Hutchins Office staff. If you want a copy to carry with you, let the Dept. AS know. Always take a first-aid kit with you.

STUDENTS DRIVING ON A FIELD TRIP:

1. Complete the Non-Faculty Volunteer Appointment Form – (Section II only) and sign.
2. Fill out Authorization to Use Privately Owned Vehicles on State Business Certification . . . top portion only & sign.
3. Attach a copy of your driver's license to the back.
4. Give the completed packet to Hutchins Office. They will get the School Dean and Administrative Manager signatures and keep copies of all documents in your file.



The hiring department completes Section I and the volunteer completes Section II. The department is responsible for sending the original to Employment Services (Administration and Finance, Second Floor, Salazar Hall). When the form is complete, and all signatures have been obtained, Employment Services will authorize campus conveniences if eligible and requested. **Incomplete forms will not be accepted and will be returned to the hiring department for completion.**

SECTION I: POSITION INFORMATION (to be completed by hiring department)

Department:	Effective Date:	Termination Date*:
Supervisor:	Extension:	
Appropriate Administrator (AA):	Extension:	
Assignment and Summary of Duties:		
Will volunteer work with minor children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, LiveScan background check required
Will volunteer drive a vehicle on University business?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (DL# _____ Exp. _____)
Will volunteer travel on University business?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will volunteer receive academic credit for volunteering?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

AA Signature: _____ Date: _____

* A current volunteer does not need to complete a new appointment form if the current assignment was made in accordance with previous appointment policy instructions and if all information is current.

SECTION II: VOLUNTEER INFORMATION (to be completed by volunteer)

Volunteer Name:	<input type="checkbox"/> SSU Staff	<input type="checkbox"/> SSU Student	<input type="checkbox"/> SSU Faculty	<input type="checkbox"/> Other
Email Address:	SSN or SSU ID Number:	Date of Birth:		
Address:				
City, State:	Zip Code:	Phone Number:		
Emergency Contact Name:	Phone Number:			
Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes, Parental Consent Form Required				

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. I understand that I serve at the pleasure of my supervisor. In addition, this confirms that I have received notification of my benefits, rights, and responsibilities under Worker's Compensation.

Volunteer Signature: _____ Date: _____

CAMPUS CONVENIENCES FOR VOLUNTEERS

If you are receiving academic or professional credit at SSU or any other institution, or if you are a University student, staff, or faculty member, you are **not** eligible for campus conveniences as a volunteer employee; otherwise you are eligible for the following campus conveniences:

- Library Privileges: No Yes, Employment Services will authorize
- Parking Permit: No Yes, Employment Services will authorize

AUTHORIZATION - Employment Services Initials:

Date:

**AUTHORIZATION TO USE PRIVATELY OWNED
VEHICLES ON STATE BUSINESS**
STD. 281 (REV. 3-95)

*This approval must be renewed annually.
Supervisor: Retain Original Copy*

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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