



UW-Madison Volunteer Driver Authorization Request for Wisconsin 4-H Volunteers

4-H VOLUNTEERS MUST SUBMIT FORM TO YOUR 4-H PROGRAM EDUCATOR

Please allow **10 working days** for processing.

Incomplete forms will not be processed or returned.

APPLICANT TYPE/MAXIMUM APPROVAL LENGTH	STATUS
<input type="checkbox"/> Volunteer*/1 year (maximum approval length) *This applies to: Volunteers, Honorary Associates/ Fellows, and Emeritus Status.	<input type="checkbox"/> Currently hold a valid WI license (2 years or more) <input type="checkbox"/> Hold a valid WI license (less than 2 years)* <input type="checkbox"/> Hold a valid Out of State or Canadian license* *Motor Vehicle Record (MVR) from licensed State/Country required

The Policies and Procedures will be found at: [Business Services Risk Management](#).

* When required to be submitted, the MVR must list any moving violations and/or describe accidents in the past two (2) years.

Please attach a legible copy of the front of the driver's license if issued anywhere outside of Wisconsin.
DO NOT ATTACH A LICENSE IF THE VOLUNTEER HAS A WISCONSIN LICENSE.

INITIAL ALL STATEMENTS AFTER READING

_____ I currently hold a valid driver's license. I understand that a copy of the Statewide Fleet Policies and Procedures is available to download at: [Statewide Fleet Policies and Procedures](#). I understand that it is both required and in my best interest to acquaint myself with these documents.

_____ I understand that my driver information will be included in a statewide database that is checked monthly. Any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle. I agree that I will notify UW Risk Management if there is any change in my driving status.

_____ I understand I will receive an email stating whether I have been approved or rejected. That email must be received BEFORE I am allowed to drive or reserve a vehicle and that will be my only notification.

APPLICANT INFORMATION

Driver Name as it appears on license	Date of Birth
Driver license number	Driver License Issue State/Country Full Name
Driver Email Address (request cannot be processed without a valid email)	Number of Years of Driving Experience
Department ID (UDDS) Number, Name and Address (Example: 037300, Risk Management, 21 N Park Street, Suite 5301) UA473830 YFCD/YOUTH/4-H/CTR FOR WI 4-H	
Reason for driving	Approval Length (in months/max 1 year)
Signature of Applicant	Date signed:
Signature of Extension Staff (Educator/Admin)	Print Name: _____ Date signed: _____
Signature of RPM or Institute Director	Print Name: _____ Date signed: _____
If there is a driver complaint, divisional (school/college) contact person for notification.	
Staff Contact: _____	Phone: _____ Email: _____
Divisional Contact: Extension Human Resources	Phone: 608-263-5794 Email: volunteers@extension.wisc.edu

Instructions for submitting: **(1)** Check for completeness. There must be three signatures on the form. **(2)** A valid Volunteer Agreement Letter must be attached to this request in order for it to be processed. Contact Mike Farrey at mike.farrey@wisc.edu for a copy of the volunteer's current letter. **(3)** Use the Combine Files Tool in Adobe to create a single PDF document prior to submitting. **(4)** Regional Program Managers must submit to volunteers@extension.wisc.edu after signing. **(5)** When emailing the form to volunteers@extension.wisc.edu, the Area Extension Director assigned to the county must be copied.