



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 at least 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. Volunteer Member ID #: _____		<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)	
If there is a driver complaint, divisional contacts for notification. Staff Contact: _____ Phone: _____ Email: _____ Divisional Contact: Extension Human Resources Phone: 608-263-5794 Email: volunteers@extension.wisc.edu			
SIGNATURES			
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:	

Instructions for submitting: **(1)** Check for completeness. Make sure you have signed and initialed the proper spaces. **(2)** Submit to your local 4-H Educator for processing.