

Sonoma State University
Academic Affairs
FIELD TRIP DOCUMENTATION PROCEDURE

All participants must complete “Emergency Information/Release Agreement” form. One copy to be kept by supervising faculty on the field trip and shredded after use, one copy to be kept in confidential department office file

If a student/volunteer is driving a vehicle on the field trip:

- All drivers must complete “Non-Faculty Volunteer “ form available on SSU Forms Web page: <http://www.sonoma.edu/afd/forms> One copy to be sent to Human Services. One copy to be kept in confidential department office file

- All drivers must complete “Student or Volunteer Employee Application for Permission to Drive Vehicles on Official Business” form. Original to be kept in confidential department file

Retention of filed documents: 2 years

Rev 8/25/04

SONOMA STATE UNIVERSITY
EMERGENCY INFORMATION FORM / RELEASE AGREEMENT
(TO BE COMPLETED PRIOR TO PARTICIPATING IN OFF-CAMPUS EVENT)

ACADEMIC DEPARTMENT Department of Art and Art History COURSE NUMBER _____

STUDENT NAME _____ BIRTHDATE _____

HOME ADDRESS _____ TELEPHONE _____

Students with medical conditions, allergies, or disabling conditions must be accommodated for all field trips and off-campus class activities. This may mean finding alternative activities to learn the same information. Faculty will provide, in advance, specific information to students regarding the type and rigors of the trip/class activity (e.g., miles to be covered, elevation change, terrain, etc.) Students are then responsible for identifying the need for modifications or alternative activities. The disability resource center is available for suggestions and assistance in negotiating adaptations.

It is important that both students and supervising faculty be aware of their respective responsibilities to exercise due care in planning for, and participating in, field trips, other off-campus class activities and other off-campus events—including adequate preparation for medical emergencies which may arise. Many students have no health insurance, which may pose financial problems if they require ambulance and/or other medical services as a result of sickness or injury occurring during field trips or other off-campus class activities. Sonoma State University and the State of California do not provide coverage for medical costs incurred by students. The CSU system maintains a very limited "injury only" policy for enrolled students participating in school-sponsored activities away from campus. All participants should complete this form.

DO YOU HAVE HEALTH INSURANCE? _____ IF YES, PLEASE INDICATE BELOW:
YOUR POLICY _____; PARENT'S POLICY _____; EMPLOYER'S POLICY _____; OTHER _____
NAME OF PRIMARY INSURED _____ POLICY # _____
NAME OF INSURANCE COMPANY _____ TELEPHONE _____
ADDRESS OF COMPANY _____

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE SONOMA STATE UNIVERSITY REPRESENTATIVES TO CONTACT THE FOLLOWING INDIVIDUALS IN ORDER TO OBTAIN EMERGENCY MEDICAL TREATMENT AND TO TAKE NECESSARY EMERGENCY MEASURES FOR MY SAFETY AND PROTECTION:

NAME _____ ADDRESS _____

RELATIONSHIP _____ HOME TELEPHONE _____ WORK TELEPHONE _____

NAME _____ ADDRESS _____

RELATIONSHIP _____ HOME TELEPHONE _____ WORK TELEPHONE _____

STUDENT'S SIGNATURE _____ DATE _____

* * * * *

IN ORDER TO BE PERMITTED TO PARTICIPATE IN AN OFF-CAMPUS EVENT, THE PARTICIPANT (S) NEED TO AGREE TO THE FOLLOWING TERMS UNDER WHICH THEY WILL AGREE NOT TO HOLD THE UNIVERSITY AND ITS RELATED ORGANIZATIONS FINANCIALLY RESPONSIBLE FOR ANY INJURY OR DAMAGE THEY MAY SUSTAIN.

RELEASE AND INDEMNITY

I, _____, IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN
(PRINT FULL NAME)
AN OFF-CAMPUS ACTIVITY, AGREE TO HOLD HARMLESS, DEFEND AND INDEMNIFY THE STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, SONOMA STATE UNIVERSITY AND IT AUXILIARY ORGANIZATIONS (E.G., SONOMA STATE ENTERPRISES, INC., SONOMA STATE UNIVERSITY ACADEMIC FOUNDATION, INC., ASSOCIATED STUDENTS OF SONOMA STATE UNIVERSITY, AND SONOMA STUDENT UNION CORPORATION) AND THE OFFICERS, EMPLOYEES, AND AGENTS OF EACH OF THEM, FROM ANY AND ALL LOSS, DAMAGE, AND LIABILITY WHICH I MAY INCUR OR WHICH MAY OCCUR IN CONNECTION WITH THE OFF-CAMPUS UNIVERSITY EVENT IN WHICH I AM BEING PERMITTED TO PARTICIPATE. I AGREE TO THESE TERMS FREELY AND UNDERSTAND THAT I MAY HAVE THIS LANGUAGE REVIEWED BY A COUNSEL OR ADVISOR.

EXECUTED THIS _____ DAY OF _____, _____ IN SONOMA COUNTY, CALIFORNIA:

BY: _____
(SIGNATURE OF PARTICIPANT)

IF PARTICIPANT IS A MINOR THE APPROVAL AND SIGNATURE OF THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN IS REQUIRED:

AS PARENT/LEGAL GUARDIAN OF THE PARTICIPANT, I _____
(PRINT FULL NAME)

AGREE TO THE TERMS OF THE RELEASE AND INDEMNITY STATED ABOVE.

EXECUTED IN _____ COUNTY, STATE OF _____,

ON THIS _____ DAY OF _____,

BY: _____
(SIGNATURE OF PARENT/LEGAL GUARDIAN)



Non-Faculty Volunteer Appointment Form

INSTRUCTIONS: To complete this form on-line, place your cursor at the beginning of the first shaded space, type, and tab to the next shaded space. The hiring department completes Section I. The volunteer completes Section II. When the form is complete and all signatures have been obtained, make a copy for the volunteer. The volunteer may use their copy to complete Section III and follow instructions if campus conveniences are desired. The department sends the original to the Employee Services Office (Salazar, Second Floor). **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: Art and Art History	Effective Date:	Termination Date:
Supervisor:	Extension:	
Appropriate Administrator:	Extension:	
Assignment and Summary of Duties:		
Will the volunteer work with minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the volunteer drive a vehicle on University business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the volunteer travel on University business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Appropriate Administrator: _____		Date: _____

SECTION II: VOLUNTEER EMPLOYEE INFORMATION TO BE COMPLETED BY VOLUNTEER		
Employee Name:	<input type="checkbox"/> Staff	<input type="checkbox"/> Student
Date of Birth:	Phone Number:	
Address:	City, State, Zip:	
Emergency Contact Name:	Phone Number:	
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.		
Signature of Volunteer: _____		Date: _____

SECTION III: CAMPUS CONVENIENCES FOR VOLUNTEER EMPLOYEES	
If you ARE receiving academic credit for volunteering, or if you are a University student, staff, or faculty member, you are not eligible for campus conveniences as a volunteer employee. If you are NOT receiving academic credit for volunteering, nor a University student, staff, or faculty member, then you are eligible for the following campus conveniences:	
<ul style="list-style-type: none"> • Library Privileges: Take your copy of this completed form to the University Library. • Parking Permit: Complete the following information and take your copy of this completed form to Police Services (located in the Sonoma Building in Verdod Village). 	
Vehicle Make/Model:	Vehicle License Number:
Signature of Volunteer: _____	
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.

STUDENT OR VOLUNTEER EMPLOYEE APPLICATION FOR PERMISSION TO DRIVE VEHICLES ON OFFICIAL BUSINESS

(TO BE COMPLETED BY ANY STUDENT DRIVING AN SSU RENTAL CAR OR PERSONAL CAR)



THE UNDERSIGNED REQUESTS PERMISSION TO USE STATE CARS IN CONNECTION WITH OFFICIAL BUSINESS FOR THE UNIVERSITY

FULL NAME: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____
(STREET) (CITY/STATE/ZIP)

EMPL ID #: _____ (VOLUNTEER WHO IS NOT STUDENT OR EMPLOYEE USE SOC.SEC. NO.)

CALIF. DRIVER'S LICENSE #: _____ CLASS C (3) CLASS B (2) EXP. DATE _____
(MONTH/DAY/YEAR)

CERTIFICATION WHEN DRIVING A PERSONAL, STATE OR RENTAL VEHICLE ON APPROVED STATE BUSINESS: "I CERTIFY THAT I POSSESS A VALID CALIFORNIA OR OTHER STATE DRIVER'S LICENSE AND I HAVE NOT BEEN ISSUED MORE THAN THREE MOVING VIOLATIONS OR HAVE BEEN RESPONSIBLE FOR MORE THAN THREE ACCIDENTS (OR ANY COMBINATION OF MORE THAN THREE THEREOF) DURING THE PAST TWELVE MONTH PERIOD. FURTHERMORE, IF I HAVE BEEN AUTHORIZED TO USE A PRIVATELY OWNED VEHICLE ON THIS TRAVEL REQUEST, I CERTIFY THAT THE VEHICLE IS COVERED BY LIABILITY INSURANCE IN AT LEAST THE FOLLOWING AMOUNTS: \$15,000 FOR PERSONAL INJURY TO, OR DEATH OF ONE PERSON; \$30, 000 FOR PERSONAL INJURY TO TOW OR MORE PERSONS IN ONE ACCIDENT; AND \$5,000 FOR PROPERTY DAMAGE; THAT THE VEHICLE IS ADEQUATE FOR THE WORK TO BE PERFORMED, IS EQUIPPED WITH SAFETY BELTS IN OPERATING CONDITION, AND IS IN SAFE MECHANICAL CONDITION AS REQUIRED BY LAW. IF DRIVING A PERSONAL VEHICLE, 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."

SIGNATURE OF APPLICANT: _____ DATE: _____

TO BE COMPLETED BY DEPARTMENT

ON THE STRENGTH OF THE ABOVE CERTIFICATION OF THIS APPLICANT, IT IS REQUESTED THAT HE/SHE BE AUTHORIZED TO DRIVE STATE CARS ON OFFICIAL BUSINESS. THIS PERSON IS EMPLOYED UNDER MY SUPERVISION IN THE _____ DEPARTMENT/SCHOOL AND WILL DRIVE STATE CARS IN THE PERFORMANCE OF OFFICIAL DUTIES.

IT IS UNDERSTOOD THAT THIS PERSON CAN DRIVE STATE/RENTAL CARS OR PERSONAL CAR ONLY WHEN EMPLOYED BY THE UNIVERSITY AS A STUDENT ASSISTANT, WORK STUDY STUDENT, TEACHER ASSISTANT, VOLUNTEER EMPLOYEE.

_____ IS THE DEPARTMENT CHAIR WHO CAN BE CONSULTED WITH RESPECT TO THIS PERSON'S WORK FOR THE UNIVERSITY.

THIS AUTHORIZATION SHOULD REMAIN VALID UNTIL _____.

MODE OF TRANSPORTATION: RENTAL CAR PRIVATE CAR STATE CAR

SIGNATURE OF DEPARTMENT CHAIR _____

SIGNATURE OF SCHOOL DEAN/MANAGER _____

NOTE:
ALL APPLICATIONS MUST BE RENEWED EACH ACADEMIC YEAR. ISSUANCE OF AUTHORITY TO DRIVE VEHICLES ON OFFICIAL BUSINESS IS SUBJECT TO REVOCATION AT ANYTIME.