DRIVER INFORMATION FORM
James Madison University
Department of Physics and Astronomy

Driving a JMU-owned vehicle is an important responsibility. By signing and dating this form, drivers acknowledge the basic requirements and expectations for operating a JMU-owned vehicle.

In order to operate a JMU-owned vehicle, **the driver must meet the following conditions**:
1. Be a JMU student or employee or be affiliated with a JMU-sanctioned program.
2. Have a valid driver's license.
3. Be at least 19 years old.
4. Have at least two years of driving experience.

The driver of a JMU-owned vehicle must abide by University Policy #4303 (Use of State Vehicles) which includes, but is not limited to, the following requirements:
5. Travel must be associated with the mission of the Department, club activity, or JMU program.
6. Personal travel and non-essential stops or detours are prohibited.
7. The driver and all passengers must wear seatbelts.
8. Distracted driving is prohibited (i.e. using cell/smart phones, GPS devices, etc. while moving).
9. Carrying non-JMU passengers is prohibited (i.e. friends, family, general public, etc.)
10. Possession or use of alcoholic beverages or drugs and smoking are prohibited.
11. The vehicle must be safeguarded while parked (windows rolled up, doors locked, etc.).
12. If a breakdown occurs, the JMU Maintenance Garage and JMU Public Safety must be called.

In the event of an accident, the driver must:

13. Immediately call JMU Public Safety at 568-6911 if the incident occurs on or near the JMU campus or the State Police for all other incidents.
14. Follow all instructions in the Accident Information Packet found in the vehicle glovebox.

I have read and understand the basic requirements and expectations for operating a JMU-owned vehicle. I agree to abide by these provisions and applicable motor vehicle laws and regulations. I understand that any deviations may not be covered by the University insurance policy and may become the legal and financial responsibility of the driver.

Printed Name: _____   Cell Phone: _____

Signature: _____   Date: _____

Emergency Contact: _____   Relationship: _____

Address: _____   City: _____   State: _____

Home Phone: _____   Work Phone: _____   Cell Phone: _____