Volunteer & Service Learning Center Van(s) Request Form

Please read the following carefully before beginning the form:

1. Drivers: All drivers operating must: a) be a full or part-time faculty, staff member or student; b) be at least 21 years of age; c) possess a valid Massachusetts or other state driver’s license; and d) possess an acceptable driving record.
2. For overnight use, a faculty/staff advisor to the group must be in attendance on the overnight.
3. The vans should only be used for the purposes stated. Use of the vans for any other activity will result in the requesting group losing future access to the vans.
4. Vans may not be taken out of state for any reason.
5. No food or drink, other than water, may be consumed in the van. If food is being transported as part of a project appropriate precautions should be taken to ensure that food does not spill. Departments or organizations will be responsible for any expenses related to cleaning the vans.
6. Vans should be returned re-fueled to the level in the tank at the time of the start of the trip.
7. Van keys must be returned to the VSCL by 10AM on the day following use. If the vans are used on the weekend, keys must be returned on Monday of the following week by 10AM. Failure to return the keys by times set by VSCL may result in the group losing future access to the vans.
8. Prior to van use, all drivers must register at the VSCL at a time determined and communicated by the VSCL staff. Failure to make a scheduled appointment for registration will result in the forfeiture of the use of the van.
9. All required forms and copies of licenses must be submitted to the VSCL, McElroy 114, at the time the driver registers at the VSCL.
10. The VSCL will book the vans on a first-come, first-served basis, cannot guarantee availability to any organization, and reserves the right to refuse use of the vans for any reason.

Name of person making request: _____________________________
Organization/department: ___________________________________
Email address: _______________________________________________
Cell phone number: __________________________________________
Affiliation with organization/department: _______________________
Purpose of transportation: ____________________________________
Destination: _________________________________________________
Date being requested: _________________________________________
Van to leave BC at: ___________________________________________
Van to return to BC at: _________________________________________
Number of vans being requested: _______________________________
Name of driver: _____________________________________________
Name of second driver (if applicable): ___________________________
Affiliation with organization of second driver (if applicable): ______

I have read the above guidelines for use of the van and can confirm that those guidelines have and will be met:

Advisor Signature: ___________________________ Date: ______________
Driver Signature: ___________________________ Date: ______________
Driver Signature: ___________________________ Date: ______________

**This form must be submitted in person to the VSCL, McElroy 114. The person making the request will be responded to within 48 hours of submission. Thank you.