

Diocese of Santa Rosa
VEHICLE SAFETY POLICY

Throughout the Diocese of Santa Rosa, we have taken great pride in our record, we have taken pride in our record of safety. Although our history is exemplary, it is always necessary to strive for improvement of safety practices. The new Vehicle Safety Policy is a step in this direction.

The intention of this program is to standardize the safety methods and procedures used within our schools and parishes throughout the diocese.

It is up to us, employers and employees, to become familiar with this policy.

Please review this policy carefully and thank you in advance for your cooperation.

VEHICLE SAFETY POLICY

I. ALL DRIVERS

- A. Drivers must be 25 years of age or older.
- B. Drivers must have a valid, non-probationary driver's license and no physical disability that would impair his/her ability to drive the vehicle safely.
- C. Drivers must possess a current, valid driver's license for the type of vehicle they will be operating.
- D. Drivers must complete the Catholic Mutual online Defensive Driving Curriculum (at <https://santarosa.cmgconnect.org>)
- E. No driver will be hired or allowed to provide volunteer transportation on behalf of any diocesan entity who has had any of the following citations or convictions in the past three years:
 - 1. Operating a vehicle during a period of license suspension, revocation or forfeiture
 - 2. Driving under the influence of alcohol or drugs
 - 3. Hit and run accident
 - 4. Failure to report an accident
 - 5. Negligent homicide arising out of the use of a motor vehicle
 - 6. Using a motor vehicle for the commission of a felony
 - 7. Operating a motor vehicle without the owner's authority
 - 8. Permitting an unlicensed person to drive
 - 9. Reckless driving
 - 10. A combined total of three or more accidents and/or moving violations
- F. It is the responsibility of the driver to ensure that passengers adhere to the current State of safety belt laws and regulations.
- G. Cell phones and other electronic devices are not permitted to be used while operating a motor vehicle.

II. EMPLOYEE DRIVERS

- A. The **Employee Driver Application** (Appendix A) must be completed by all potential employees who are required by their job description or responsibilities to operate a vehicle.
- B. An applicant must include a copy of the Motor Vehicle Record (MVR) from each state he/she has ever had a valid driver's license.

III. VOLUNTEER DRIVERS

- A. Any volunteer who drives on a regular basis for diocesan/parish business should have a Motor Vehicle Record (MVR) check completed.
- B. Any volunteer driver must complete the **Volunteer Driver Form** (Appendix B).
- C. Potential drivers should not be utilized if they answered "FALSE" to any of the three questions asked on the Volunteer Driver Form.

IV. USE OF 11(including drivers)-15 PASSENGER VANS

- A. The use of 11(including drivers)-15 passenger vans is strictly prohibited.

V. USE OF PRIVATE VEHICLES

- A. All privately owned vehicles used on behalf of the Church must be insured. They must have a valid and current registration, license plates and proof of insurance card. B. The vehicle must be in safe operating condition.
- C. The private automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
- D. The minimum liability limits for privately owned vehicles is \$100,000/\$300,000.
- E. A **Private Vehicle Use Application** (Appendix C) must be completed for each vehicle.

VI. DIOCESAN-OWNED VEHICLE MAINTENANCE

- A. Each institution will implement a quarterly vehicle maintenance and inspection program in addition to the manufacturer's operation and maintenance recommendations.
- B. All diocesan-owned vehicles must be equipped with a first aid kit, fire extinguisher, and a road safety kit.

VII. ACCIDENT REPORTING

- A. If an accident occurs:
 - 1. Obtain medical assistance, if needed, at the scene as soon as possible.
 - 2. Contact local police, sheriff, or highway patrol authorities as required.
 - 3. Exchange driver, vehicle and insurance information.
 - 4. Report the accident/moving violation to the insurance agent.
 - 5. Report the accident/moving violation to the Chancery.
 - 6. Complete the **Vehicle Accident Report** (Appendix D).

VIII. RECORD KEEPING

- A. Records pertaining to driver selection and training should be kept on file for a period of three years following termination of their driving privileges.
- B. Vehicle maintenance logs and vehicle inspections must be maintained for the duration of ownership of diocesan-owned vehicles.
- C. All diocesan-owned vehicles must carry, at all times, a current vehicle proof of insurance identification card.
- D. Retention of Forms:
 - 1. *Appendix A*: **Employee Driver Application**, retain for a minimum of 3 years.
 - 2. *Appendix B*: **Volunteer Driver Form**, retain for a minimum of 3 years.
 - 3. *Appendix C*: **Private Vehicle Use Application**, retain for a minimum of 3 years.
 - 4. *Appendix D*: **Vehicle Accident Report**, retain for 7 years from date of accident.

EMPLOYEE DRIVER APPLICATION

Church or School Name: _____ City: _____

Applicant Name: _____
(First) (Middle) (Last)

Phone: _____
(Home Phone) (Cell Phone)

Current Address: _____
 _____ How long at this address? _____
(City) (State) (Zip Code)

Previous Address: _____

Driver Licenses

License #	State	Type	Expiration date

Driving Experience

Class of equipment	Employer name	From	To	Approx. miles

Accident Record for past 3 years

Date	Nature of accident	Injuries/Fatalities

Moving Violations for past 3 years

Location (City & State)	Date	Charge	Penalty

Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years?
 Yes ____ No ____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes ____ No ____

Has any license, permit, or privilege ever been suspended, revoked or forfeited?
 Yes ____ No ____ Date _____

EMPLOYMENT HISTORY

Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Second Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Third Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Special training related to transportation: _____

Safe driving awards and from whom: _____

PHYSICAL HISTORY

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing) _____

Use corrective lenses? YES NO Use hearing aid? YES NO

Date of last physical examination: _____

Doctor's name and address: _____

To Be Read and Signed by Applicant

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____
(Minimum Limits of \$100,000/\$300,000 Required)

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- | | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. | _____ | _____ |
| 2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. | _____ | _____ |
| 3. I have had no more than three moving violations or accidents in the last three years. | _____ | _____ |

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date

PRIVATE VEHICLE USE APPLICATION

Vehicle: _____
 Year Make Model
Vehicle Identification Number: _____
License Plate #: _____ State: _____ Expiration: _____

Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Automobile Insurance Company: _____
Agent's Name: _____ Phone: _____

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE.

THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport others. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

Thank you for helping us with our transportation needs!

VEHICLE ACCIDENT REPORT

Driver: _____ Date of birth: _____ License #: _____

Vehicle: _____
 Year Make Model

Vehicle Identification Number: _____

Accident Information	Date: _____ Time: _____ City: _____ State: _____
	Street location: _____
	Description: _____

Use reverse side if necessary.	

Other Vehicle(s)	Year/Make/Model: _____ License plate #: _____ State: _____
	Owner's name and address: _____
	Driver's name and address: _____
	Driver's license #: _____ State: _____ Expiration date: _____
	Relationship to owner: _____
	Description of damage: _____

Insurance company: _____	
Phone #: _____ Policy #: _____ Expiration date: _____	

Injuries	Name _____ Address _____

	Extent of injuries _____

Use the reverse side if necessary.	

Witness / Passengers	Name _____ Address _____

	Extent of injuries _____

Use the reverse side if necessary.	

Other Property Damage	Owner's name _____ Address _____

	Extent of damage _____

Use the reverse side if necessary.	

Driver Signature: _____ Date: _____