TRANSPORTATION GUIDELINES

Professionally hired transportation is the most desirable method to be utilized for any trip and whenever possible, this mode of transportation should be provided. The use of private passenger vehicles should be avoided, if possible. If a private passenger vehicle must be used, then the following information must be faxed to Cari at (208) 342-1571 and kept on file by the parish/school driver coordinator. The driver must certify this information.

11-15 passenger vans are NOT allowed per diocesan policy

- 1 The driver must be 21 years of age or older.
- The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
- 3 The vehicle must have a valid and current registration and valid and current license plates.
- The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence/ \$100,000/property. A combined single limit (CSL) of \$300,000 is acceptable.
- 5 The driver must complete the Defensive Driving Curriculum noted on the Driver Information Sheet.
- 6 <u>Copies of VALID DRIVER'S LICENSE, INSURANCE and CATHOLIC MUTUAL GROUP'S</u>
 <u>CERTIFICATION that the Defensive Driving Curriculum has been completed and passed must be</u>
 supplied to the Diocese for Diocesan events and to the Parish for parish events.

A signed **DRIVER INFORMATION SHEET** for each vehicle used must be submitted to the parish/school driver coordinator prior to the trip. The coordinator will fax this to the diocese.

--This form should be faxed to Cari at (208) 342-1571 by 5 days before driving or driver may not be authorized to drive.

A copy should be kept on file by the parish or school

DRIVER INFORMATION SHEET

| DRIVER: | | | | |
|---|--|-----------------------|--|--|
| Name (exactly as on driver's license): _ | | Da | te of Birth: | |
| Address: | City: | State: | Zip: | |
| Phone #: | Driver's License #: | | ## ### ### ### ### ### ### ### ### ### | |
| State issuing driver's license: | Date of Expiration: | | | |
| INCL | UDE A COPY OF YOUR DE | RIVERS LICENSE | | |
| VEHICLE THAT WILL BE USED: | 11-15 passenger vans are N | OT allowed per dioc | esan policy | |
| Name of Owner: | Address of owner : | | | |
| Model of Vehicle: | Make of Vehicle: | | Year of Vehicle: | |
| If more than one vehicle is to b | e used, the aforementioned inf | ormation must be pro- | vided for each vehicle. | |
| NEW Beginning July 1, | 2018 ALL drivers must con | mplete Catholic Mut | tual Group's | |
| Defensive Driving Curriculu Click on "Member Login" in | State of the state | <u>org</u> . | | |
| User name | | | | |
| Password Click "Online Tra | service | | | |
| Select Boise from | | | | |
| Register for new account – fill in all required fields | | | | |
| Under Defensive | Driving curriculum, click "S | Start curriculum". | | |
| Once the video and quiz are | completed, the driver will no | eed to download and | l print the | |
| completion certificate. The co | ertificate MUST be included | l with the Driver Inf | formation Sheet. | |
| Date training completed: | | | | |
| For more information contact | t Cari Magette at (208) 342- | 1311 or CMagette@ | RCDB.org. | |

| INSURANCE INFORMAT | <u>ION</u> : | | | |
|---|---|---|--|--|
| When using a privately-own | ned vehicle, the insurance coverage is the in | nsurance policy covering that specific vehicle. | | |
| | | | | |
| Insurance Company: | Policy Number: | Expiration Date: | | |
| INCLUDE A COL | V OF VOUR PROOF OF INSURANCE | OR DECLARATION OF INSURANCE | | |
| INCLUDE A COL | 1 OF TOUR TROOF OF INSURANCE | TON BEDGEMMARKET OF MINUSCHALLES | | |
| Liability Limits on Policy (| From Declaration of Insurance) | | | |
| Single Injury Liability Limit (Minimum of \$100,000 Required): | | | | |
| Combined Injuries Liability Limit (Minimum of \$300,000 Required): | | | | |
| Property Damage Liability Limit (Minimum of \$100,000 Required): | | | | |
| OR | | | | |
| Combined Single Liability (CSL) Limit (Minimum of \$300,000 Required): | | | | |
| | | | | |
| CERTIFICATION: | | | | |
| | given on this form is true and correct to the | he best of my knowledge. I understand that as a | | |
| volunteer driver, I must be 21 years of age or older, possess a valid driver's license, and have the proper and current | | | | |
| | | Curriculum and have the required insurance | | |
| | ehicle used on behalf of a parish or school. | | | |
| | | | | |
| | | | | |

Date

Signature