



PARTICIPANT'S INDEMNITY PROGRAM TRANSPORTATION POLICY 3541.1

The school shall provide transportation by bus to and from school sponsored events during the day for those students required to attend any events, such as field trips, picnics, etc.

The school shall provide transportation for teams, clubs, and other groups required to participate in activities that take place outside the metropolitan area during non-school hours. In instances where activities take place in the city or the surrounding area, parents may provide transportation for their children.

Parents have the option of allowing a son/daughter to transport himself/herself to a scheduled event, or the parent may choose to transport his/her child. The school assumes no liability at any time for students driving other students to and from scheduled and unscheduled events.

Parents must be alerted to the liability they assume in providing transportation for students other than their own.

Requirements that apply to any vehicle used on parish/school/agency business:

1. No parish/school/agency may own or operate, through borrowing, leasing or rental, a 10-15 passenger van for the transportation of children or adults. The only exception to this policy is that a 10-15 passenger van may be used for the transportation of cargo. In this circumstance, in addition to the driver, an adult passenger may be seated and belted in the front passenger seat.
2. The vehicle must have a valid and current registration and license plate. The vehicle must be in good operating condition and have all safety equipment as required by law.
3. Drivers must be 23 years of age or older, unless aged 21-22 and approved by Catholic Mutual Group.
4. Electronic devices should not be used when operating a motor vehicle on behalf of the Church
5. Drivers must have a valid, non-probationary driver's license and no physical disability that could impair safe operation of the vehicle.
6. Driver's Record Check through the WI DMV or the issuing state's respective division of driver records. The parish/school/agency must submit the name and driver's license number of any **new** driver to Catholic Mutual Group. **Repeat drivers need to follow the steps to be an approved driver every three years.** Catholic Mutual will check the driving record through the state and communicate the results to the parish. The *Employee/Volunteer Driver Information Form* (p. 3) should be **completed for each driver each year** and kept in parish files. This is especially important for anyone transporting youth.
7. New drivers and drivers engaging in the 3-year re-approval process must watch the video, *Be Smart – Drive Safe* located at www.cmgconnect.org. Either use your previously established login and password or follow the instructions on the website to establish an account. Completion of the video should be tracked by the parish driving coordinator or safe environment coordinator.
8. Staff or volunteers responsible for programs involving driving must view the on-line video, *Church Transportation – Is It Necessary and Ministry-Based* located at www.cmgconnect.org.
9. Vehicles rented by parish/school/agency must be reported to Catholic Mutual to secure automobile liability insurance.
10. Passengers must be belted and/or in booster seats as prescribed by law.
11. Drivers transporting children must be Safe Environment Certified.

Additional requirements for personal vehicles:

The personal vehicle must be insured for the following minimum limits: **\$100,000 per person and \$300,000 per accident**. This requirement is critical. The Archdiocese of Milwaukee Participant's Indemnity Program provides excess liability coverage for employees and/or volunteers who use their vehicles for parish business. However, this excess coverage will not trigger unless the employee and/or volunteer has the stated minimum limits.



EMPLOYEE / VOLUNTEER DRIVER INFORMATION SHEET

DRIVER

NAME:		DATE OF BIRTH*:
ADDRESS:		SOC. SEC.#:
CELL PHONE:	HOME PHONE:	
DRIVER'S LICENSE #:		
* As an authorized driver for this parish/organization, your driver record on file with the Wisconsin Department of Transportation will be requested and reviewed. (If you have held a driver license in another state within a certain time frame, your record on file with another state will be requested and reviewed.)		

VEHICLE THAT WILL BE USED

NAME OF OWNER:		
ADDRESS OF OWNER:		
YEAR AND MAKE:	MODEL:	LICENSE PLATE:
REGISTRATION EXPIRES:	INSPECTION EXPIRES:	

If more than one vehicle is to be used, requested information must be provided for each vehicle.

INSURANCE INFORMATION (The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle)

INSURANCE COMPANY:
POLICY NUMBER:
EXPIRATION DATE:
*LIABILITY LIMITS OF POLICY (*Note: The minimal acceptable liability for privately owned vehicles is \$100,000/\$300,000)

DRIVING RECORD:	YES	NO
Do you have an alcohol or drug related driving arrest within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than three moving violations within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has your license been suspended or revoked in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is yes, you are not an approved driver until your driving record has been reviewed and approved by Catholic Mutual.

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer/employee driver, I must be 23 years of age or older, hold a valid driver's license, have no physical disability that may impair my ability to drive safely, and have the required insurance coverage in effect on any vehicle used to transport students. I understand that my driver record on file with the Wisconsin Department of Transportation may be requested and reviewed.

DRIVER'S SIGNATURE:	DATE:
---------------------	-------

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



REQUEST FOR DRIVER'S RECORD CHECK

(Used for Extended and Overnight Trips and Frequent Drivers)

PARISH NAME:	
PARISH ADDRESS:	
PERSON REQUESTING INFORMATION:	
EMAIL:	WORK PHONE:

Please check the driver's record on the following individuals:

NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER

NOTES:

1. If licensed to drive for a state other than Wisconsin, indicate state
2. Driver's record will be returned to parish
3. Please allow 3-4 weeks for a reply

PLEASE RETURN TO:

Catholic Mutual Group
PO Box 178
Menomonee Falls, WI 53052

OR FAX:

(262) 255-7276