

## **Diocese of Salt Lake City VEHICLE SAFETY POLICY**

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Throughout the Diocese of Salt Lake City, 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, employees, and volunteers 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 21 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. 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
- E. It is the responsibility of the driver to ensure that passengers adhere to the current State of Utah safety belt laws and regulations.
- F. All operators are expected to take the online defensive driving course *Defensive Driving Curriculum & Motor Vehicle Report*.
- G. Cell phones and other handheld electronic devices are not permitted to be used while driving 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 even one time or on a regular basis for diocesan, parish or school business or activities 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) to 15 PASSENGER VANS**

- A. The use of 11(including drivers) to 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.

(Revised 05/2023)

# EMPLOYEE DRIVER APPLICATION

Church or School Name \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Phone: \_\_\_\_\_  
(Home) (Cell)

Address: \_\_\_\_\_  
(Street Address) (City/State/Zip)

How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

### Driver Licenses

LICENSE #	STATE	TYPE	EXPIRATION

### 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

<b>Last Employer:</b> Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____
<b>Second Last Employer:</b> Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____
<b>Third Last Employer:</b> 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 Sign 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: \_\_\_\_\_

\_\_\_\_\_

Driver's 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 cellphone or any other handheld electronic device while driving my vehicle.*

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date





# 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 reverse side if necessary.

## WITNESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Extent of Injuries: \_\_\_\_\_

Use reverse side if necessary.

## OTHER PROPERTY DAMAGE

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Extent of Damage: \_\_\_\_\_

Use reverse side if necessary.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_