



DIOCESE of JOLIET

Transportation Policy

Policy Statement

As it carries out its mission of service, transportation is critical to many of the pastoral and charitable works of the Church. Transportation issues also present significant risk management concerns, and it is important that specific practices are developed and implemented to attempt to limit the risk associated with parish and school transportation activities. It is important to know that the diocesan auto program provides coverage to diocese and parish owned vehicles only. The coverage includes a large, self-insured retention, so risk reduction activities are of great importance to the diocese. Staff and parishioners using their own vehicles should be made aware that their own automobile coverage is primary when they are using their vehicles for parish business. There is coverage that would offer additional liability protection should a claim exceed the limit of their policy. Please review the information contained in this policy with all parish staff for compliance. Adherence to the Transportation Policy is required of all parishes and schools in the Diocese as well as other diocesan institutions that participate in the group insurance program.

Vehicle and Driver Requirements

1. Diocese/Parish Owned Vehicles*

- a. **Drivers must be 21 years of age or older.**
- b. **If minors are transported**, it is recommended **the driver be 25 years** of age or older and should also comply with the Diocese of Joliet Protecting Children policies.
- c. Drivers must have a valid driver's license and no physical disability that could in any way impair their ability to drive the vehicle. A copy of a valid driver's license should be maintained in the driver's file.
- d. A Motor Vehicle Record check is to be obtained for all employees who will drive a diocese or parish owned vehicle as part of their employment at the time they are hired and every five years thereafter.
- e. **Each driver must complete a "Driver Information Sheet"**- see page 4 for a printable or page 6 for a fillable form. The sheets are to be retained on file for the duration of each individual's service as a driver. Persons with a poor history should not be allowed to drive for diocese/parish business.
- f. **The use of 11-15 passenger vans to transport children or adults is prohibited.** The vans may be used for cargo vans only if all, but the two front seats are removed.
- g. Seat belts must be used at all times. Each occupant must have a seat belt. No passengers are permitted in the bed of a pickup or in the cargo area of a vehicle.
- h. Use of cell phones and other electronic devices are prohibited while operating a motor vehicle.
- i. Drivers of diocese/parish owned vehicles are required to take Catholic Mutual's Be Smart-Drive Safe defensive driving course. The course can be viewed on-line at (<https://cmgconnect.org/>) New users will require registration, follow on-line instructions. Returning users will need their username and password.

2. Personal Vehicles used for Diocese/Parish Business*

- a. Drivers must be 21 years of age or older.
- b. If minors are transported, it is recommended the driver be 25 years of age or older and should also comply with the Diocese of Joliet Protecting Children policies.
- c. Drivers must have a valid driver's license and no physical disability that could in any way impair their ability to drive the vehicle. A copy of a valid driver's license should be secured.
- d. A Driver Information Sheet must be completed for each driver and kept in parish/school files-see page 4 for a printable or page 6 for a fillable form. Persons with a poor history should not be allowed to drive for parish business. Volunteer drivers should also complete the Adult Waiver & Medical Information Form-see pages 5-7 for a printable or fillable form.
- e. The use of 11-15 passenger vans to transport children or adults is prohibited. The vans may be used for cargo vans only if all but the two front seats are removed.
- f. The vehicle must be currently registered and in good operating condition and have all safety equipment as required by law.
- g. The vehicle must be insured for the following minimum liability limits: \$100,000 per person and \$300,000 per accident. A copy of the current insurance card should be secured.
- h. Use of cell phones and other electronic devices are prohibited while operating a motor vehicle.
- i. While not required, it is recommended that a Motor Vehicle Record check be obtained for any employee or volunteer who will be using their personal vehicle on a regular basis for diocese/parish/school business.
- j. All employees who drive as part of their position and frequent volunteer drivers are required to take Catholic Mutual's "Be Smart-Drive Safe" defensive driving course. The course can be viewed on-line at (<https://cmgconnect.org/>) New users will require registration, follow on-line instructions. Returning users will need their username and password.

3. Rented/Leased Vehicles

- a. The rental or lease of 11-15 passenger vans to transport children or adults is prohibited.
- b. When a vehicle is being rented or leased, liability and full coverage physical damage insurance must be purchased from the rental agency. Diocesan auto insurance does not cover rented vehicles.
- c. Vehicles should not be driven out of the country without special permission.

4. Chartered Vehicles

- a. Obtain a Certificate of Auto Liability Coverage from the commercial carrier naming the Diocese and parish location as an additional insured. Minimum liability limits are \$2,000,000 combined single limit.

*The use of the word "parish" here refers to all institutions of the Diocese of Joliet that participate in its group insurance program.

Specific Transportation Uses

In addition to the above information, individuals involved in arranging transportation for parish and school transportation activities are **required to view Catholic Mutual's transportation risk management video *Church Transportation – Is It Necessary and Ministry-Based?*** The course can be viewed on-line at (<https://cmgconnect.org/>) New users will require registration, follow on-line instructions. Returning users will need their username and password.

Other information should be consulted as follows:

School Field Trips – Schools planning field trips should consult the Diocese of Joliet Schools Office - Handbook of Schools Policies for additional specific policies and procedures to follow for these trips. Persons involved with these trips should also comply with the Diocese of Joliet Protecting Children policies. If at all possible, the use of chartered or contracted transportation carriers should be used for these trips. The use of private passenger vehicles is discouraged and should be avoided if at all possible.

Religious Education and Youth Ministry Trips – In addition to the above information, parish religious education departments and youth ministers planning trips should consult the Faith Formation in Diocese of Joliet handbook for additional specific policies and procedures to follow for these trips. Persons involved with these trips should also comply with the Diocese of Joliet Protecting Children policies. **If at all possible, the use of chartered or contracted transportation carriers should be used for these trips. The use of private passenger vehicles is discouraged and should be avoided if at all possible.**

Parish Transportation Ministries – Many parishes have considered or have implemented programs where parish volunteers provide transportation to parishioners to church services, for doctor appointments, shopping, and other needs. These activities greatly increase the risk exposure of the parish. The best method to handle these situations is for parishioners to make these arrangements on their own without parish involvement; however, for parishes that have formally created these programs, specific risk management procedures need to be followed. **In addition to the requirements contained above in section 2, *Personal Vehicles for Parish Business*, individuals providing and receiving transportation services should sign a copy of the Adult Liability Waiver & Medical Information Form-see pages 4-5 for a printable or pages 6-7 for a fillable form-and a copy should be maintained in parish files.**

Related Forms

1. Driver Information Sheet
2. Adult Liability Waiver & Medical Information Form



Name	
Address	
City	State
Date of Birth	Cell #
EMAIL	
Vehicle That Will Be Used (complete only if using personal vehicle)	
Owner of Vehicle	
Address of Owner	
City	State

Driver's License #
DL Expiration Date
IF MORE THAN ONE VEHICLE IS TO BE USED, THE AFOREMENTIONED INFORMATION MUST BE PROVIDED FOR EACH VEHICLE.
Model of Vehicle
Make of Vehicle
Year of Vehicle
License Plate #
Expiration Date (Illinois Plates)
Registration/Expiration Date (Non-Illinois Plates)

THIS FORM MUST BE RETURNED TO THE OFFICE OF HUMAN RESOURCES for Diocesan Personnel, and TO THE BUSINESS MANAGER For Parish Persons, ALONG WITH A COPY OF YOUR CURRENT DRIVERS LICENSE & INSURANCE CARD

Insurance Information (complete only if using personal vehicle*)

* When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that vehicle.

Specific Vehicle Listed on Policy	
Insurance Company	Policy #
Date or Policy Expiration	Liability Limits of Policy*

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000 / \$300,000)

Please be aware when using a personal vehicle, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Driving History

Have you had any of the following citations or convictions in the past THREE years:

YES NO

Driving under the influence of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
Hit and Run	<input type="checkbox"/>	<input type="checkbox"/>
Failure to report an accident	<input type="checkbox"/>	<input type="checkbox"/>
Negligent homicide arising out of the use of a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Using a motor vehicle for the commission of a felony	<input type="checkbox"/>	<input type="checkbox"/>
Permitting an unlicensed person to drive	<input type="checkbox"/>	<input type="checkbox"/>
Reckless driving	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication that may affect your driving?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a driver, **I must be 21 years of age or older**, possess a valid driver's license, have the proper and current license and, if driving a personal vehicle, have current vehicle registration and the required insurance coverage in effect on the vehicle. I agree that I will refrain from using a cell phone or any other electronic device while driving.

Driver's Signature	Date
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Participant Name	FIRST	LAST
Address		
City	State	Zip
Email	Cell Phone	

GENERAL PERMISSIONS

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

_____ ,
And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. *If you wish to opt out of this permission initial here: Participant's Initial _____*

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal I will be responsible for any and all costs related to dismissal from said events and activities and any all costs assessed by local authorities.

Participant's Initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid by the people in charge of the event and those transporting to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary. ***I also understand that I will be responsible for any costs incurred.***

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO

If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Name	(Please Print)
Participant Signature	Date



Name	
Address	
City	State
Date of Birth	Cell #
EMAIL	
Vehicle That Will Be Used (complete only if using personal vehicle)	
Owner of Vehicle	
Address of Owner	
City	State

Driver's License #
DL Expiration Date
IF MORE THAN ONE VEHICLE IS TO BE USED, THE AFOREMENTIONED INFORMATION MUST BE PROVIDED FOR EACH VEHICLE.
Model of Vehicle
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YES**NO**

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Driver's Signature	Date
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Address			
City		State	Zip
Email		Cell Phone	

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Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

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Participant Name	(Please Print)	
Participant Signature		Date