

# Transportation Driver Application

*\*Please note: All non-staff drivers must be over the age of 21 and approved by the church administrator.*

Name \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_ Do you have a CDL? \_\_\_\_\_

Social Security Number: (required by insurance company) \_\_\_\_\_

What types of vehicles have you driven: \_\_\_\_\_

Name of your insurance company \_\_\_\_\_

Have you ever provided transportation for another organization? \_\_\_\_\_

If so, please list names of organizations and dates of service: \_\_\_\_\_

\_\_\_\_\_

Please list all traffic violations (Include type/date/result): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Request for Motor Vehicle Records Check

I hereby allow The Vine Fellowship to obtain copies of any information pertaining to any driving records contained in files or in any motor vehicle file maintained on me whether local, state, ,or national. I hereby release the disclosing agency from any and all liability resulting from such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit a copy of your insurance card and driver's license with this application.**

**Thank you so much for your desire to serve in this capacity!**

*For Office Use Only: Reviewed by/Date \_\_\_\_\_ Approved? Yes No*

# Transportation Procedures

## All Drivers

1. Drivers must be approved (includes completing the application process) and over the age of 21. **Note:** There is a time delay between applying to be a driver and being approved. You will NOT be able to drive the same day you apply as a driver.
2. A copy of driver's license and insurance must be on file with the church.
3. Driver must have emergency contact information on all individuals under the age of 18 that you are transporting.
4. All drivers must wear seat belts.
5. For the protection of our minors (students under 18) AND our adult leaders:
  - Always drop off student of your same gender last. (This assures you will never be alone with student of the opposite sex.) Unless in an emergency or with prior parental consent, do not give rides to fewer than two passengers. IF there are extenuating circumstances:
    - Do not sit close to student in the car.
    - Do not come in physical contact with student.
    - Do not stop the car to talk. If you must stop, turn on the interior light.
    - Avoid physical contact (hugs and kisses) when saying goodbye.
    - When possible, travel with another adult leader.
6. It is your responsibility to be sure all passengers are informed of and adhere to the following "**Road Rules**".
  - Passengers must wear seat belts, remain seated and facing forward at all times.
  - No hazardous, disruptive activity or noise is permitted while the vehicle is moving.
  - Keep hands and all objects inside the vehicle.
  - All windows must be kept clear of objects that may disrupt the driver's view.
  - All passengers must follow the driver/adult leader's directions as requested.
  - Violation of these rules may result in termination of the trip for the entire group or the removal of the offender from the group.

## Van Drivers

In addition to the above guidelines, please adhere to the following procedures.

1. Review the *Van Driver Checklist* BEFORE LEAVING. This checklist is located in the clipboard on the bus. This checklist has before and after trip instructions. (Attached is a copy of the checklist for your review.)
2. Must have cell phone in vehicle.
3. Confirm *Traffic Accident Report Form* in located in vehicle

## Privately Owned Vehicle Drivers

In addition to the above guidelines, please adhere to the following procedures.

1. All passengers and driver must be in seat belts.
2. Must have cell phone in vehicle.
3. Vehicle in good working condition.
4. Confirm current insurance card is located in vehicle. (**Note** – in case of accident: claim(s) are made with your insurance company BEFORE they are filed with the church.
5. Confirm *Traffic Accident Report Form* in located in vehicle

## Emergency Procedures

1. Call 911 if deemed necessary.
2. Stop immediately to investigate.
3. Do not allow passengers to exist the vehicle unless under driver/leader's direction. Always exit on the street side of the vehicle, never the line of traffic.
4. Look for injured people. Do not move them unless they are in immediate and imminent danger.
5. Protect yourself, others, and property from additional injury or damage. If further hazard exists, remove the vehicle or other equipment from the right-of-way, if possible.
6. Contact church administrator or pastor as soon as possible.
7. Complete *Traffic Accident Report Form*. (This form includes drivers and insurance information, witness information, injury information, and damage to vehicle information.) This form is in the van glove box between the seats. Private drivers - please carry copy of this form in your vehicle. Attached is a copy for your review.
8. Never admit fault, but give all factual information pertaining to the accident to the police and church administrator or pastor.
9. Contact your insurance company.

*ATTACHMENTS: Traffic Accident Report Form, Acknowledgment Form*

# Traffic Accident Report Form

Date: \_\_\_\_\_ Time (include AM or PM) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Street name/location: \_\_\_\_\_

## Damage to OTHER vehicle or property

Name of other driver: \_\_\_\_\_

Phone #s: home \_\_\_\_\_ cell or work \_\_\_\_\_

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

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone # \_\_\_\_\_

List damage visible to vehicle or property: \_\_\_\_\_

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## Damage to YOUR vehicle or property

Your name: \_\_\_\_\_

Phone #s: home \_\_\_\_\_ cell or work \_\_\_\_\_

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

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone # \_\_\_\_\_

List damage visible to vehicle or property: \_\_\_\_\_

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## Damage to CHURCH vehicle or property

Your name: \_\_\_\_\_

Phone #s: home \_\_\_\_\_ cell or work \_\_\_\_\_

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

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

List damage visible to vehicle or property: \_\_\_\_\_

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## Witnesses

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

## Explanation of Accident

Brief narrative of accident: (Explain where you were going, load you were carrying, speed of vehicle, etc.)

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Diagram of accident (show location, direction of travel of all vehicles, street names, skid marks, signs, etc)

Was a police report made? \_\_\_\_\_ Was anyone cited or arrested? \_\_\_\_\_

If so, who: \_\_\_\_\_

Driver's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Traffic Accident Report Cont'd.

## Injured Person(s)

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

First Aid given: \_\_\_\_\_

Please explain in detail if further medical attention was given. Provide details as to transportation, doctor, hospital, and injury. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

First Aid given: \_\_\_\_\_

Please explain in detail if further medical attention was given. Provide details as to transportation, doctor, hospital, and injury. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

First Aid given: \_\_\_\_\_

Please explain in detail if further medical attention was given. Provide details as to transportation, doctor, hospital, and injury. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Leader's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Transportation Procedures Acknowledgment of Receipt

I have reviewed and received the *Transportation Procedures* for The Vine Fellowship. I understand that it is my responsibility to adhere to these procedures. It is also my responsibility to ensure that my passengers follow the procedures that pertain to them.

I have seen the following forms and they have been explained to me (please initial by each one)

\_\_\_ Transportation Procedures

\_\_\_ Traffic Accident Report Form

\_\_\_ I have read and understand that, in the case of an accident, claims are made with my personal insurance BEFORE claims are made with the church's insurance company

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Reviewed with (signature of church representative) \_\_\_\_\_

Date \_\_\_\_\_

***Thank you so much for your willingness to serve in this capacity!!!***