

All Drivers must complete:

1. The online risk management training video titled, “**Be Smart-Drive Safe**”: (once)
 - a. Go to Cmgconnect.org
 - b. Find Your Diocese – St Paul & Minneapolis.
 - c. If you have trained before you can sign in using your previous password and ID.
 - d. If you are new, follow prompts to set up account.
 - e. Print, email, or return proof of completion Kathryn Fideler kfideler@allsaintschurch.com
2. The attached form, including copies of your driver’s license and insurance card. Must be submitted to the parish office a minimum of 5 days prior to driving. (yearly)
3. Driver’s License Background check.
 - a. **Those who are current with the Essential 3 need to complete above.** If a driving background check needs to be completed it will be done. (every 3 years)
 - b. **Those who are not current with the Essential 3 need the following.**
 1. An adult with completed essential 3 **must** always accompany minors (not brought by their own parent/adult to the event) in a vehicle transporting minors in connection to a youth ministry event.
 2. The volunteer driver will be required to register an account with www.virtus.org and complete a background check as well as a driver’s check. The driver’s check cannot be completed without a background check, and the first step is creating a virtue account and doing background check...please choose driving check as part of your background check process.

Questions related to driving should be directed to Kathryn Fideler in parish office, 952-469-6461

DRIVER'S INFORMATION FORM

Driver

Name _____

Parish/School where you are employed/volunteer: _____

Driver's License Expiration Date _____ State Issued _____ License # _____

Social Security # _____

Have you had any traffic violations in the last 7 years? Yes No (Circle One)

If Yes, explain _____

*Please present your driver's license with this form so that it may be copied and kept on file.

*The Driver's License and Social Security Number will be blacked out after check to keep it confidential.

Vehicle

Name of Owner _____

Address of Owner _____

Year/Make/Model of Car _____

License plate # _____ Expires _____

Passenger Capacity _____ (There must be a useable seat belt for each occupant.)

Note: If more than one vehicle is to be used by this driver, this form must be filled out for each vehicle.

Insurance Information

Insurance Company _____

Policy # _____ Expires _____

Liability Limits of Policy* _____

*Please Note: Minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.

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, hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport individuals.

Signature _____ Date _____