

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers 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:

- | | TRUE | FALSE |
|--|-------|-------|
| 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 cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date

DRIVER ACKNOWLEDGEMENT FORM

I am aware I am not to operate any electronic devices while driving. _____

I will only use a cell phone when safely parked or during an emergency. _____

All passengers at all times will be required to wear a seatbelt. _____

Daily maximum miles will not exceed 500 miles per vehicle. _____

Maximum miles driven without at least a 30 minute break will not exceed 250 miles. _____

I have phone numbers of individuals to call in the event of an emergency or contact when needed. _____

Signed: _____

Date: _____

Catholic Mutual... "CARES"

CHAPERONE GUIDELINES/BEHAVIOR STANDARDS

Chaperones should be at least 25 years of age. It is fine to have "helpers" ages 18-24; however, we recommend that these individuals be supervised by an adult chaperone. Each chaperone will be assigned a group of students for which they are responsible. Regular daily responsibilities will include:

1. Make sure students are present on the bus or other means of transportation every time transportation is used.
2. Make sure the students are in their room at curfew.
3. Make sure students are awake on time.
4. Make sure students understand daily itinerary.
5. Observe students for suspicious behavior that might involve breaking the rules.
6. Be on guard for students being loud, obnoxious, and/or rude. Do not tolerate this behavior.
7. Assist in medical emergencies and contact person in charge immediately.
8. Inquire within assigned group about any individual medical abnormalities.
9. No students or chaperones should leave the group for unauthorized excursions.
10. You may search students' rooms at any time with or without the students' permission.
11. Check luggage before the trip.
12. Check hotel rooms for any damage or things left behind.
13. Make sure students are properly dressed at all times.

Behavior standards include:

1. "Buddy systems" should be used by chaperones; thus, it is very important to ensure 2 adults are present at all times (1 "adult" and 1 individual 18-24 is fine also).
2. One-to-one contact with a student should always occur in a public place.
3. Any verbal or nonverbal sexual behavior with any student is inappropriate.
4. Do not touch a student against his/her will.
5. Do not touch a student on any portion of their body that would be covered by a bathing suit.
6. Sexual gestures or overtures a student makes to a staff member should be reported to the appropriate personnel.
7. Do not appear in front of a student when not appropriately clothed.
8. Do not change clothes in the same room or in view of a student.
9. Driving alone with a student should be avoided at all times.
10. If necessary to drive alone with a student: Do not sit close to one another in the car; do not come into physical contact with each other; do not stop the car to talk, or if you must stop the car, turn on the inside light of the car.
11. Do not strike or touch a student as a means of discipline.
12. Do not use derogatory language when addressing a student.
13. Be alert for suspicious or unusual behavior.
14. All suspicions of child or sexual abuse need to be reported to appropriate personnel.
15. No student should be taken on any type of trip or excursion without the written consent of the custodial parent.
16. No student should be allowed to visit you in your quarters.
17. No student should be denied food, water or shelter.

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns,
Full Name
executors, and personal representatives, to hold harmless and defend
_____, _____, its officers,
Parish/School (Arch) Diocese
directors, agents, employees, or representatives from any and all liability for illness,
injury or death arising from or in connection with my participation in the trip.

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. Please advise the doctors that I have the following allergies: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Night time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Signature

Date

Print name