

# Bismarck Diocese - Vehicle Safety Policy

Driving for the diocese, parishes or schools should be for business or ministry-based purposes only and performed by approved, licensed, safe drivers operating safe vehicles. The intent of this policy is to address and limit the risk factors involved with vehicles and drivers for all entities within our diocese.

This policy distinguishes the requirements for both employee and volunteer drivers and employer owned and individually owned vehicles. As driving incidents are near the top of the list for liability and damage claims we ask you to follow this policy to best protect individuals and your parish or school.

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## **I. ALL DRIVERS**

- A. All Must be 21 years of age or older.
- B. All drivers must possess a current valid, non-probationary, driver's license for the type of vehicle to be used and have no physical disability that would impair their ability to operate the vehicle safely.
- C. All drivers are to follow state laws and ensure that passengers adhere to the current State of North Dakota safety belt laws and regulations.
- D. Drivers using a location owned vehicle, must register and complete the *Defensive Driving Curriculum & Motor Vehicle Report* on the Catholic Mutual CMG Connect website. (Appendix F)
- E. A driver is not allowed to drive on behalf of any location for any reason if he/she 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.

## **II. EMPLOYEE DRIVERS**

- A. Employees cannot use parish, school or diocesan owned vehicles for personal use.
- B. Passengers in the vehicle must include only those intended to the ministry or business purpose for using the vehicle.
- C. The **Driver Application** (Appendix A) must be completed by all employees who

are likely, by their job descriptions or responsibilities, to operate a vehicle.

- D. Employees who drive as part of their position must complete the *Defensive Driving Curriculum* video and information sheet on the Catholic Mutual CMG Connect website.(Appendix G)
- E. Any employed driver who causes an accident in a location owned vehicle or who is cited for two moving violations within a 12-month period, is required to complete an additional defensive driving course. The employer must obtain a copy of employee driver's record after 1 year of service (<https://apps.nd.gov/dot/dlts/dlos/welcome.htm>) to validate. If more than 2 citations within one year, continue with annual record check. If there are less than 2 citations, then check and validate every 3 years.

### **III. VOLUNTEER DRIVERS**

- A. Volunteer drivers must complete the **Volunteer Driver Application** (Appendix B).
- B. Potential Volunteer drivers may not drive if they answered "YES" to part B of the Volunteer Driver Application.
- C. The employer must obtain a copy of driver's record (<https://apps.nd.gov/dot/dlts/dlos/welcome.htm>) on volunteer drivers who drive greater than once per quarter to validate their record. If record reflects a "Yes" to any questions in part B of the volunteer application, the volunteer driver should not drive. If record of more than 2 citations within a 12-month period and volunteer has attended a defensive driving course, then volunteer may drive, but checks need to be performed annually with the state.
- D. Volunteer operators who drive more than 5 times per year must complete the *Defensive Driving Curriculum* video and information sheet on the Catholic Mutual CMG Connect website.(Appendix G)

### **IV. LOCATION ADMINISTRATORS**

- A. Location Administrators are responsible that all drivers for their locations comply with this policy.
- B. Location Administrators must complete the *Driving Administrator Curriculum* and *Completely Avoidable Tragedy* training on the Catholic Mutual CMG Connect website.(Appendix H)

### **V. USE OF 11 PASSENGER (including drivers) or MORE VANS IS PROHIBITED**

- A. The use of 11 passenger (including drivers) or more vans is prohibited (appendix E)

### **VI. USE OF PRIVATE VEHICLES**

- A. The private automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
- B. For all privately owned vehicles used on behalf of the diocese or other location the owner must provide proof of insurance with minimum liability \$100,000/\$300,000 and valid registration. Proof of insurance and registration must be provided and maintained.
- C. The vehicle must be in safe operating condition.

### **VII. DIOCESAN, PARISH OR SCHOOL TRANSPORTATION COORDINATOR**

- A. Each location must identify a Transportation Coordinator.
- B. It is common, at some locations, for the same individual to be both the Transportation

Coordinator and the Location Administrator.

C. The responsibility of each Transportation Coordinator is to:

1. Approve and maintain a list of location approved drivers.
2. Maintain location records outlined in this policy required for vehicles and drivers.
3. View at least once every 2 years the video *Church Transportation – Is it Necessary and Ministry-Based?* on the Catholic Mutual CMG Connect website. This video is contained within the *Driving Administrator Curriculum* (Appendix H)

### **VIII. VEHICLE (location owned) MAINTENANCE and SAFETY**

A. Locations are to maintain their vehicles, so they remain in a safe operation condition and use a vehicle maintenance log complying with manufacturer's scheduled maintenance and recommended service.

### **IX. 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 office.
6. complete the **Vehicle Accident Report** (Appendix C).

### **X. RECORD KEEPING (local Transportation Coordinator responsibility)**

A. Records pertaining to driver selection, state license, and driver's record validation(s), and training should be kept for three years following termination of driving privileges.

B. Private vehicle proof of insurance and registration (have owner provide periodic updates).

C. All location vehicles must be in compliance with ND State requirements, and must have, at all times, a current **automobile insurance identification card and registration**.

D. Retention of Applications, Logs and Other Reports:

1. **Employee Driver Application**-retain (Appendix A) for a minimum of 3 years after termination of driving privileges.
2. **Volunteer Driver Form**- retain (Appendix B) for a minimum of 3 years after termination of driving privileges.
3. **Private Vehicle Use Application**- retain (Appendix C) for the duration of ownership-log should contain current vehicle and insurance information.
4. **Vehicle Accident Report** retain (Appendix D) for 7 years from date of accident
5. **11 Passenger or More Van Policy** (Appendix E)

*(Appendix A through H included below.)*

## EMPLOYEE DRIVER (APPLICATION) INFORMATION

(address & phone number not required if current in employer records)

Church or School Name: \_\_\_\_\_ City: \_\_\_\_\_

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

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

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

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ How long at this address? \_\_\_\_\_

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

### a) Driver Licenses (past 3 years)

License #	State	Type	Expiration date

### Driving Experience (past 3 years)

Class of equipment	Employer name	From	To	Approx. miles

### Accident Record (past 3 years)

Date	Nature of accident	Injuries/Fatalities

### Moving Violations (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 \_\_\_\_\_

b) **EMPLOYMENT HISTORY (Employer history to be completed by employee if not included in employment resume)**

**Last Employer:** Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Position held: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

**Second Last Employer:** Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Position held: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

**Third Last Employer:** Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Position held: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Special training related to transportation: \_\_\_\_\_

Safe driving awards and from whom: \_\_\_\_\_

c) **PHYSICAL HISTORY**

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing) \_\_\_\_\_

Use corrective lenses?  YES  NO Use hearing aid?  YES  NO

To Be Read and Signed 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: \_\_\_\_\_

**RETAIN THIS FORM IN EMPLOYMENT FILES UNTIL TERMINATION**

# 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:

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. \_\_\_\_\_

### **III. 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.*

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Volunteer Driver Signature

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Date

(Rev 04/2020)

## PRIVATE VEHICLE USE APPLICATION

Vehicle: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Automobile Insurance Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE. THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

*This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I understand that 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 used to transport others. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for helping us with our transportation needs!**

# VEHICLE ACCIDENT REPORT

Driver: \_\_\_\_\_ Date of birth: \_\_\_\_\_ License #: \_\_\_\_\_

Vehicle: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # \_\_\_\_\_

Accident Information	Date: _____ Time: _____ City: _____ State: _____ Street location: _____ Description: _____  Use reverse side if necessary.		
Other Vehicle	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: _____		
	Use the reverse side if necessary.		
	Witness /		
	Passengers	Name _____ Address _____  Extent of injuries _____  Use the reverse side if necessary.	
		Use the reverse side if necessary.	
		Owner's name _____ Address _____  Extent of damage _____  Use the reverse side if necessary.	

USE REVERSE SIDE TO PROVIDE A DIAGRAM OF THE SCENE      ⇒      ⇒

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

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 7 YEARS FROM THE ACCIDENT

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# *Catholic Mutual...CARES*

## **Use of 11 (including driver) or more Passenger Vans is Prohibited!**

11 (including driver) or more passenger vans should either be replaced with a school bus or a Multifunction School Activity Bus (MFSAB). A MFSAB is a vehicle which complies with the Federal Motor Vehicle Safety Standards (FMVSS) applicable to school buses for crash survivability and mirrors.

If a MFSAB is used for the transportation of children, these vehicles must meet FMVSS 111; FMVSS 220; FMVSS 221; and FMVSS 222 (see below). When acquiring a bus or shuttle to transport adults, the four FMVSS should also be followed.

**FMVSS 111** – *Fulfills the safety requirement for the rear-view and cross-view visibility.*

**FMVSS 220** – *Establishes requirements for the school bus body structure in rollover accidents.*

**FMVSS 221** – *Regulates the strength of body panel joints in school buses.*

**FMVSS 222** – *Establishes occupant protection requirements for school bus passenger seating and barriers.*

Removal of seats from a vehicle designed to transport 11 (including driver) or more passengers to make the vehicle a 10 or less passenger vehicle is not allowed.

Mini-vans may be used to transport children or adults. A mini-van is **defined** as a passenger vehicle designed to transport no more than 8 total occupants.

While the use of 11 (including driver) or more passenger vans is prohibited to transport people, the vehicles can be used for cargo hauling **only** if all but the two front seats are removed.

***Important Note: Buses and Shuttle Buses capable of transporting 16 plus passengers should also comply with the above FMVSS.***

If you have questions on whether or not your vehicle would be in compliance, please contact the Risk Management Department at 1-800-228-6108.

# CMG Connect

## BISMARCK DIOCESE

### Defensive Driving Curriculum & Motor Vehicle Report

For Drivers of  
DIOCESAN/PARISH Owned  
Vehicles at SELECT Locations

## Defensive Driving & Motor Vehicle Report

1. Go to <https://Bismarck.cmgconnect.org/>

2. **Have you completed training for the Diocese in the past?**

If so, you may have an account already. Click *Sign In* at the top right of the page to access your training. **PLEASE DO NOT CREATE A NEW ACCOUNT.**

**New to training?** Please create a new account by completing all of the boxes under the *Register for a New Account* area. This will include your address, primary parish, and how you participate at your parish or school. Once your account is successfully created, you will automatically be brought to your training dashboard page. *Be sure to select the Location Owned Vehicle Driver (select with other categories) participation category when creating your account.*

3. Your main learning dashboard will show you any Required training options that have been customized for your **Location Owned Vehicle Driver (select with other categories)** role within the Diocese. *If you are not able to view the Required trainings, click 'Edit Profile' to update your category selection(s).*

4. Click **Start** for the **A. ONLY DRIVERS at Select Locations - Defensive Driving Curriculum & Motor Vehicle Report - Bismarck** option.

5. Once training is completed, you can access your completion certificate by returning to the training dashboard and clicking **Print Certificate**.

**NOTE:** It can take up to a week for your MVR to return and be reviewed, where your training will remain 'Resume' until it is updated.

Bismarck Diocese

Bismarck Diocese

Welcome to the Bismarck Diocese training hub

- This system will assist you with the required and optional training(s) for your identified organization and your individual role and category
- If you have done training in the past and setup an account you will use the same user name and password. Please click the "Sign In" tab in the right corner of this screen. We ask you to please also review that your location and your individual role and category are accurate as those items are key to the trainings you can access.
- If you are new to training please register to setup an account. Use the area to the right to begin; complete the required boxes. We ask that you review that your location, role and category are accurate to your entity and your responsibilities.

**NEW ACCOUNTS:** Progress through all three account creation screens in the *Register for a New Account* area. When registering, be sure to select the Location Owned Vehicle Driver (select with other categories) participation category. Click **Register** to complete your profile set-up.

- On your main dashboard, click **Start** to open up the **A. ONLY DRIVERS at Select Locations - Defensive Driving Curriculum & Motor Vehicle Report - Bismarck** training.

- Watch videos all the way to the end—when the video is completely finished, the page will show as and automatically progress to the next page of training.

- When finished, click **Print Certificate** under the completed training on your dashboard to access the certificate.

**NOTE:** It can take up to a week for your MVR to return and be reviewed, where your training will remain 'Resume' until it is updated.

APPENDIX F (page 2)

Defensive Driving Curriculum & Motor Vehicle Report

For Drivers of DIOCESAN/PARISH Owned Vehicles at SELECT Locations

A. ONLY DRIVERS at Select Locations - Defensive Driving Curriculum & Motor Vehicle Report - Bismarck

Includes: Be Smart - Drive Safe II video; Driver Questionnaire; Diocesan Auto Policy; MVR

Start

Complete

Print Certificate

Overview

Training Home | Print Page

Warning - Individuals at Select Locations Driving Diocesan/Parish Owned Vehicles ONLY

Print Page

Be Smart - Drive Safe II Video

Print Page

Diocese of Bismarck Auto Policy

Print Page

Driver Questionnaire

Print Page

MVR Check

Print Page

<https://Bismarck.CMGConnect.org/>

# CMG Connect

## BISMARCK DIOCESE



## Defensive Driving Training

1. Go to <https://Bismarck.cmgconnect.org/>

2. **Have you completed training for the Diocese in the past?**

If so, you may have an account already. Click *Sign In* at the top right of the page to access your training. **PLEASE DO NOT CREATE A NEW ACCOUNT.**

**New to training?** Please create a new account by completing all of the boxes under the *Register for a New Account* area. This will include your address, primary parish, and how you participate at your parish or school. Once your account is successfully created, you will automatically be brought to your training dashboard page. *If you have questions about which options to select, please contact your parish/school coordinator.*

3. Your main learning dashboard will show you any Required training options that have been customized for your particular role within the Diocese.

4. Click **Start** for the **Defensive Driving Curriculum** option.

5. Once training is completed, you can access your completion certificate by returning to the training dashboard and clicking **Print Certificate**.

APPENDIX G (page 1)



For technical assistance, contact us via the **Support** button found in the bottom right corner of the web page.

*Last Updated: 12/18/2025*

Bismarck Diocese



Bismarck Diocese

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- If you are new to training please register to setup an account. Use the area to the right to begin: complete the required boxes. We ask that you review that your location, role and category are accurate to your entity and your responsibilities.

Click **Sign In** to log in with your current username and password.

## Existing Accounts

Do you have an account? If so, you don't need to sign up for a new one. Click the "Sign In" button in the upper right hand corner of this window. Otherwise, register for a new account below.

## Register for a New Account

Account	Personal	Affiliation
First Name	Middle Name	Last Name
Username	Account	Personal
Address 1		
Address 2		
City		
Phone 1		
Date of Birth		

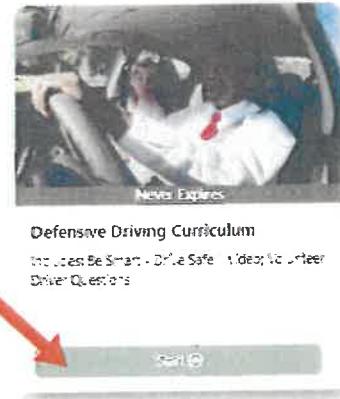
1

2

3

**NEW ACCOUNTS:** Progress through all three account creation screens in the *Register for a New Account* area then click **Register** to complete your profile set-up.

- On your main dashboard, click **Start** to open up the **Defensive Driving Curriculum** training.
- Watch videos all the way to the end—when the video is completely finished, the page will show as and automatically progress to the next page of training.
- When finished, click **Print Certificate** under the completed training on your dashboard to access the certificate.



## Defensive Driving Curriculum

Includes Be Smart - Drive Safe II Video, Volunteer Driver Questions

Overview  
Training information and results



Be Smart - Drive Safe II  
Video Page  
In Progress

Driver Information Sheet  
Question Answer Page

APPENDIX G (page 2)

Complete

Print Certificate



## Driving Administrator Training

### *Driving Administrator Curriculum & Completely Avoidable Tragedy*

1. Go to <https://Bismarck.cmgconnect.org/>
2. **Have you completed training for the Diocese in the past?**  
If so, you may have an account already. Click *Sign In* at the top right of the page to access your training. **PLEASE DO NOT CREATE A NEW ACCOUNT.**
3. Your main learning dashboard will show you any Required training options that have been customized for your **Driving Administrator** role within the Diocese. *If you are not able to view the Required trainings, click 'Edit Profile' to update your category selection(s).*
4. Click **Start** for the **Driving Administrator Curriculum** and **Completely Avoidable Tragedy** options.
5. Once training is completed, you can access your completion certificates by returning to the training dashboard and clicking **Print Certificate**.

CMGConnect

COVID-19 Resources Click Here

Bismarck Diocese

Bismarck Diocese

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- If you are new to training please register to setup an account. Use the area to the right to begin; complete the required boxes. We ask that you review that your location, role and category are accurate to your entity and your responsibilities.

**NEW ACCOUNTS:** Progress through all three account creation screens in the *Register for a New Account* area. When registering, be sure to select the Driving Administrator participation category. Click **Register** to complete your profile set-up.

Click **Sign In** to log in with your current username and password.

- On your main dashboard, click **Start** to open up the **Driving Administrator Curriculum** and **Completely Avoidable Tragedy** trainings.

- Watch videos all the way to the end—when the video is completely finished, the page will show as and automatically progress to the next page of training.

- When finished with the curriculum(s), click **Print Certificate** under the completed training(s) on your dashboard to access the certificate.

APPENDIX H (page 2)

Driving Administrator Curriculum

Includes: Church Transportation - Is it Necessary and Ministry Based? video; Volunteer Driver Questions; 11-15 Passen...

Start

Completely Avoidable Tragedy

Includes: "A Completely Avoidable Tragedy" video; 12+ Passenger Vehicle Policy CARES

Start

Complete

Print Certificate