

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.

I. ALL DRIVERS

- A. All Must be 21 years of age or older – 25 years of age if transporting others.
- 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 must follow state laws and ensure that passengers adhere to the current state of North Dakota safety belt laws and regulations.
- D. A driver is not recommended to drive on behalf of a location if he/she has a combined total of 3 or more accidents and/or moving violations in the last 3 years.
- E. A driver is not allowed to drive on behalf of any location 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 or no record of driver's license
 - 2. driving under the influence of alcohol or drugs
 - 3. hit and run accident or failure to report an accident.
 - 4. negligent homicide arising out of the use of a motor vehicle.
 - 5. using a motor vehicle for the commission of a felony
 - 6. operating a motor vehicle without the owner's authority (grand theft)
 - 7. reckless driving
 - 8. permitting an unlicensed driver to drive
 - 9. speed contest
 - 10. international driver's license only

II. LAY 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 **Defensive Driving Training** (Appendix G)
 - E. Employees using location-owned vehicles must comply with section IV. in this policy.

III. VOLUNTEER DRIVERS

- A. Volunteer drivers must complete the **Volunteer Driver Application** (Appendix B).
- B. Volunteer drivers may not drive if they answered “true” to any of the questions on the Volunteer Driver Application.
- C. Volunteer operators who drive more than five times per year must complete the **Defensive Driving Training** (Appendix G)
- D. A volunteer is not recommended to drive on behalf of a location if he/she has a combined total of 3 or more accidents and/or moving violations in the last 3 years.

IV. LOCATION OWNED VEHICLES

- A. *Drivers using a location owned vehicle not insured by Church Mutual Insurance Company (CMIC) must complete the **Defensive Driving Training** (Appendix G)*
- B. Drivers using a location owned vehicle insured by (CMIC) must register and complete the **Defensive Driving Curriculum & Motor Vehicle Report** (Appendix F). Drivers who complete training in Appendix F do not need to complete training in Appendix G.
- C. 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.

V. LOCATION ADMINISTRATORS

- A. Location Administrators validate that all drivers for their locations comply with this policy, confirm that drivers take their appropriate training, and are either certified (if taking Appendix F) or perform an employee/ND state search at the ND state website (<https://publicsearch.ndcourts.gov/default.aspx>) to monitor compliance (if taking Appendix G). NOTE: Drivers who complete training in Appendix F do not need to complete training in Appendix G. Employers may choose to obtain an employee’s driver’s record abstract from the state of ND by using the **Request for Driver Abstract** (Appendix D-2) and submitting it to the state with a small fee.
- B. Location Administrators must complete the **Driving Administrator Curriculum and Completely Avoidable Tragedy**. (Appendix H)

VI. USE OF 11 (including driver) or MORE PASSENGER VANS IS PROHIBITED

- A. **The use of 11 (including driver) or more passenger van policy** (Appendix E)
- B. This includes owning, renting, borrowing, or car-pooling.

VII. 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.

VIII. DIOCESE, PARISH OR SCHOOL TRANSPORTATION COORDINATOR

A. Each location must identify a Transportation Coordinator. It is common for the Transportation Coordinator and the Location Administrator to be the same individual.

B. 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.

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 always have 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 Application**- 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-1) for 7 years from date of accident.
5. ***The use of 11 (including driver) or more passenger 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 APPLICATION

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)

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.

Volunteer Driver Signature

Date

(Rev 04/2020)

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: _____

Injuries Name Address	_____
	Extent of injuries _____
	Use the reverse side if necessary.
Witness /	

Passengers	Name	Address
	_____	_____
	Extent of injuries	_____
		Use the reverse side if necessary.

Other Property Damage	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

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Driver License
SFN 51386 (1-2023)

DRIVER LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750

Driver License Number																			
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth																			
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Subject's Name			
Subject's Address	City	State	ZIP Code
Name of Requestor		Telephone Number	
Company Name (if applicable)	Email		
Mailing Address	City	State	ZIP Code
Signature of Requestor			Date

THIS RECORD IS FOR:

<input type="checkbox"/> a prospective employer of a Commercial Driver's License holder (must have written consent).
<input type="checkbox"/> an employer of a Commercial Driver's License holder.
<input type="checkbox"/> an employer or prospective employer for non-commercial driving purposes.
<input type="checkbox"/> a government agency, including any court or law enforcement agency performing its function for an approved purpose.
<input type="checkbox"/> insurance purposes.
<input type="checkbox"/> use by a parent of a child under 18 years of age.
<input type="checkbox"/> other (please explain) _____

Please check one of the boxes below: Send the driving record to : <input type="checkbox"/> Subject's address <input type="checkbox"/> Requestor's address

<input type="checkbox"/> I am requesting the record of another person and their written consent is below.	
I give my written consent for the above Requestor to obtain a complete copy of my driving record. Signature	Date

Record requests and the fee may be mailed to the address listed above. You may also purchase and print a limited copy of a driving record online at <https://apps.nd.gov/dot/dlts/dlos/welcome.htm>. A limited copy will not display total points. All record requests are mailed from the Driver License Division. Please allow 5-7 business days for processing time.

FEE: \$3 PER RECORD
Make checks or money order payable to:
Driver License Division
608 E. Boulevard Ave.
Bismarck, ND 58505-0750

Catholic Mutual...CARES

Use of 11 (including driver) or more Passenger Vans is Prohibited! This includes owning, renting, borrowing, or carpooling.

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 your vehicle will comply, please contact the Catholic Mutual Group 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.

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COVID-19 Resources DMV News

Bismarck Diocese

Welcome to the Bismarck Diocese training hub

- This system will assist you with the required and option 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.

Existing Accounts

Do you have an account? If so, you'll 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

Personal Affiliation

Please provide a valid email address for your account (you will receive emails from CMGConnect). Select an email address from the list.

First Name: Middle Name: Last Name: *

Username: Address 1: *

Password: Address 2: *

City: *

Phone: *

Account Personal Affiliation

Select the Primary Parish/School to which you volunteer or work (search or scroll down to find your parish)

Please Select a Search for Location

Please Select a Role *

participate as a: *

- Driving Administrator
- Employee
- Location Owned Vehicle Driver (select with other categories)
- Parish Administrator
- Parish Leader (Council Member, Ministry Leader, etc.)
- Parish/School Administrator
- Personal Vehicle Driver (select with other categories)
- Volunteer

Print & Email & Cancel

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

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.

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 - Video; Driver Questionnaire; Diocesan Auto Policy; MVR

Start

- 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.

Overview

Training Information and Results

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

Be Smart - Drive Safe II Video

Diocese of Bismarck Auto Policy

Driver Questionnaire

MVR Check

Complete

Print Certificate

APPENDIX F (page 2)

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

CMGConnect

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  button found in the bottom right corner of the web page.

Last Updated: 12/18/2025

CMGConnect Home Add Logout My Dashboard Account History

COVID-19 Resources CMG Help

Bismarck Diocese

Welcome to the Bismarck Diocese training hub

- This system will assist you with the required and option 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.

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

Personal Account

First Name: Middle Name: Last Name: Address 1: Address 2: City: Phone: Date of Birth:

1 2 3

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

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.

Never Expires

Defensive Driving Curriculum
Includes Be Smart - Drive Safe II video to answer Driver Questions

Start

Overview
Training information and results

Be Smart - Drive Safe II
Video Page
In Progress

Driver Information Sheet
Questions and Answers

Complete

Print Certificate

APPENDIX G (page 2)

CMGConnect

BISMARCK DIOCESE



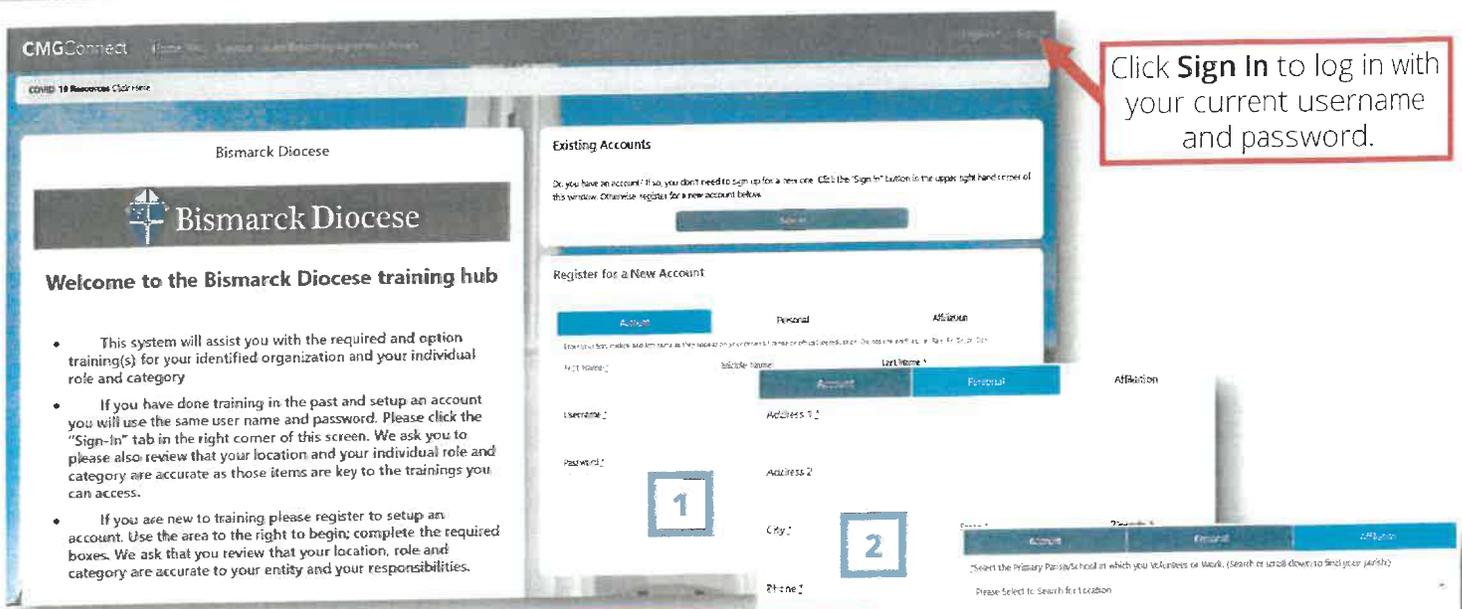
Driving Administrator Training

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.**

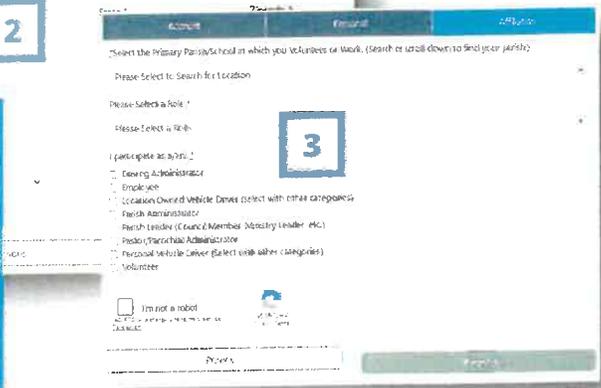
New to training? Please create a new account by completing all of the boxes under the *Register for a New Account* area. This will include your address, primary parish, and how you participate at your parish or school. Once your account is successfully created, you will automatically be brought to your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

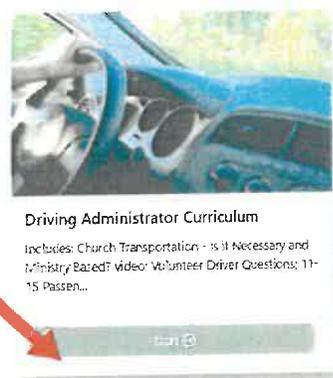


Click **Sign In** to log in with your current username and password.

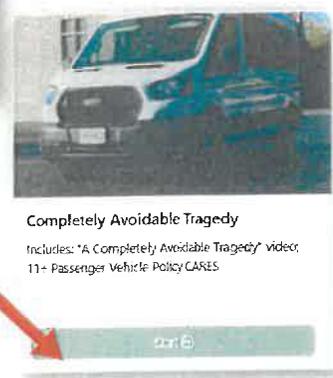
NEW ACCOUNTS: Progress through all three account creation screens in the *Register for a New Account* area. When registering, be sure to select the *Driving Administrator* participation category. Click **Register** to complete your profile set-up.



- 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)