

# Packet for Volunteer Drivers – Salesian College Preparatory

Persons must be 21 years to drive a Salesian Vehicle.

1. PLEASE READ PACKET THOROUGHLY
2. COMPLETE INFORMATION FORM 1 AND USE OF PERSONAL VEHICLE FORM 2
3. RETURN COMPLETED FORMS ALONG WITH A COLOR COPY OF YOUR VALID DRIVER LICENSE AND PROOF OF INSURANCE (DECLARATION PAGE OF YOUR AUTO INSURANCE)

**Drivers: Complete this Form and Return it to  
Salesian College Preparatory  
Attn: Human Resources  
[ehoward@salesian.com](mailto:ehoward@salesian.com)**

## Form 1 of 2

### Christian Brothers Risk Management Services

To be completed by any person who will be driving a vehicle insured by the Salesian Society

**The completed form should be returned to Ms. Eileen Howard**

It will be sent to Christian Brothers for processing

They in turn will send you an email from **LeasePlan**

Requesting a Release of your **MVR (Motor Vehicle Record)**

You will need to open the email and **ACCEPT** the request.

*Name of Employee/Volunteer/SDB (use name as it appears on your license)*

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

*Address of employee/volunteer/SDB (as it appears on you license)*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

STATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF LOCATION/MINISTRY: Salesian College Preparatory

YOUR ROLE AT THIS LOCATION/MINISTRY \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

REQUESTING ORGANIZATION: SALESIAN SOCIETY – 1186004  
SAN FRANCISCO PROVINCE  
1100 FRANKLIN STREET  
SAN FRANCISCO, CA. 94109

**Drivers: Complete this form and Return it to  
Salesian College Preparatory Human Resources  
Form 2 of 2**

**Use of Personal Vehicle**

The Christian Brothers Risk Pooling Trust provides coverage for all vehicles owned or leased by Salesian College Preparatory. This includes Auto Liability for Bodily Injury and Property Damage and is in effect for all authorized drivers of the vehicles.

Any time an employee or volunteer uses their own vehicle for authorized related activities, (i.e. transport of individuals, banking transactions or to run errands), their personal automobile insurance is primary, because coverage follows the ownership of vehicle, The Christian Brothers Risk Pooling Trust (CBRPT) will only provide coverage if and when there has been a claim that EXCEEDS the liability limits of the individual's vehicle policy. This excess coverage would apply for any Affiliate that has at least one vehicle fully covered by CBRPT. Your location does have your vehicles fully covered by CBRPT. The Christian Brothers Risk Pooling Trust recommends that you have on file, documentation that substantiates the employees or volunteers understanding of this vehicles coverage plan.

The recommended MINIMUM automobile coverage for an individual driving their personal automobile is bodily injury limits \$100,000 per person or \$300,000 per accident; Property damage coverage of \$100,000. The collision and comprehensive coverage is an option item by the owner. The vehicle should also have medical coverage for the medical expenses for all occupants in the vehicle. This is usually written for \$5,000 per person for a total of \$25,000 however it is possible to purchase the limit of \$50,000 (or \$10,000) per passenger) or higher. Considering present medical costs, higher limits are a prudent choice.

I have read this form, understand it and voluntarily agree to use my vehicle for the entity related activity.

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Printed Name	Signature	Date
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**If you decide not to fill out the use of personal vehicle form we still need the requested items in order for you to drive a Salesian vehicle.** For questions you may contact:

**Eileen Howard, Human Resources Manager at 510.234.4433 Ext. 1204 or ehoward@salesian.com**

**Thank you!**