

Family Promise of Greater Des Moines

Van Driver Responsibilities and Authorization to Conduct Motor Vehicle Check

A. Responsibilities

1. Transporting FPGD guests between the Day Center and my congregation. I will consult the FPGD Director or case manager before agreeing to transport guests to any other location.
2. I will insure that all occupants are properly restrained in their seats with seat belts or in car seats while vehicle is in motion.
3. I will report **immediately** any accidents or driving violations in the FPGD van to the Director.
4. I will report **immediately** any incidents in the van with a guest to the FPGD Director.
5. I will inform the FPGD Director, or other staff, of low fuel and mechanical problems (observed or suspected)
6. When I finish my driving shift, I will either park the FPGD van in my congregation's parking lot or the south parking lot of Westminster Presbyterian Church as well as make sure all windows are up and doors locked. I will inform the FPGD Director if the van will be parked at a location other than my congregation's or Westminster's parking lot.
7. If I am the last driver for the week, I will return the keys to the FPGD Day Center when I drop off the van.

B. Restrictions

1. Operating the FPGD van while under the influence of alcohol or drugs, or prescription medication that may impair my ability to safely operate the van is prohibited.
2. Smoking by guests or myself while in the FPGD van is prohibited.
3. Cell phone while I am operating the FPGD van is prohibited.
4. Personal use of the FPGD van is prohibited.
5. Only persons who are guests of FPGD should be transported in the FPGD van. Exceptions to this policy must be approved, in advance, by the FPGD Director or case manager.

(OVER)

In signing this form I affirm that:

1. I understand and agree to the responsibilities and restrictions related to driving the FPGD van.
2. I have watched the training video, *15 Passenger Van Safety*, on _____.
(Date)

Further, I consent to provide my date of birth, driver license number and driver license expiration date, and authorize Family Promise of Greater Des Moines to conduct a check of my driving record. Such information will be held in confidence and securely retained in the FPGD office.

SIGNATURE OF APPLICANT

DATE

FIRST NAME

MIDDLE NAME

LAST NAME

MAIDEN NAME

DATE OF BIRTH

DRIVER LICENSE NUMBER

DATE OF EXPIRATION

CONGREGATION NAME