

**TRANSPORTATION ATTACHMENT "B"**

**DIOCESE OF AMARILLO  
VOLUNTEER DRIVER INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp.: \_\_\_\_\_

State Restrictions: \_\_\_\_\_

**We greatly appreciate your interest in assisting your Church or School meet its transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.**

| Have you had any of the following citations or convictions in the past THREE years:   |    |     |      |
|---|----|-----|------|
|   | No | Yes | When |
| a. Driving under the influence of alcohol or drugs                                    |    |     |      |
| b. Hit and run  |    |     |      |
| c. Failure to report an accident  |    |     |      |
| d. Negligent homicide arising out of the use of a motor vehicle                       |    |     |      |
| e. Using a motor vehicle for the commission of a felony                               |    |     |      |
| f. Permitting an unlicensed person to drive   |    |     |      |
| g. Reckless driving   |    |     |      |
| h. Speed Contest  |    |     |      |
| Are you currently taking any medication which you have been told may make you drowsy? |    |     |      |
| Do you have any physical limitations?   |    |     |      |

In order to provide for the safety of our students, youth and all members of our Church or School, we cannot use your services as a volunteer driver at this time if you answered YES to any of the above questions.

**IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO THE TEXAS  
SAFETY BELT LAWS AND REGULATIONS**

|   |                       |
|---|-----------------------|
| This certificate that the information given above is true and complete to the best of my knowledge. |                       |
| _____   | _____                 |
| Date  | Volunteer's Signature |

**THANK YOU FOR HELPING US WITH OUR  
TRANSPORTATION NEEDS!**

**TRANSPORTATION ATTACHMENT "C"**

**DIOCESE OF AMARILLO  
PRIVATE VEHICLE INFORMATION**

Year, Make and Model of Vehicle: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

|                            |              |                     |
|----------------------------|--------------|---------------------|
| <b>Owner's Name:</b> _____ |              |                     |
| Address: _____             |              | Phone Number: _____ |
| City: _____                | State: _____ | Zip: _____          |

|                                      |              |                        |
|--------------------------------------|--------------|------------------------|
| <b>Insurance Company Name:</b> _____ |              |                        |
| Policy No.: _____                    |              | Expiration Date: _____ |
| Agent's Name: _____                  |              |                        |
| Address: _____                       |              | Phone No.: _____       |
| City: _____                          | State: _____ | Zip: _____             |
| Limits of Coverage _____             |              | to _____               |
| Personal Injury Protection _____     |              |                        |

**Please be aware that under insurance regulations, in case of an accident,  
the insurance on this vehicle will be primary coverage.  
There is a policy within the Diocese of Amarillo that could offer additional  
liability coverage should a claim exceed the limits of private policy.**

It is expected that all passengers will adhere to the Texas  
Safety Belt Laws and Regulations

**Please note the minimum acceptable liability insurance  
for privately-owned vehicles is \$100,000/300,000**

|   |                                |
|---|--------------------------------|
| This certificate that the information given above is true and complete to the best of my knowledge. |                                |
| _____<br>Date   | _____<br>Volunteer's Signature |

**THANK YOU FOR HELPING US WITH OUR TRANSPORTATION NEEDS!**

## TRANSPORTATION ATTACHMENT "D"

### VEHICLE INSPECTION REPORT

### INSPECTED BY:

|   |                    |                        |
|---|--------------------|------------------------|
| Date of Inspection                            | Vehicle No.        | Make & Type of Vehicle |
| Owner's street Address, City, State, Zip Code | Phone No.<br>(   ) | Odometer Reading       |

### VEHICLE INSPECTION GUIDELINES

| Vehicle Part                | Guidelines and Checklist  | Condition |           |
|-----------------------------|---|-----------|-----------|
|                             |   | Operative | Defective |
| Brakes                      | Apply parking brake on incline, or with transmission in driver under slight acceleration.<br>Visually check foot brake pedal pad for loss of non-slip surface<br>With Engine running, check brake pedal ---does it hold firm, feel spongy or travel to floor?<br>In forward motion, apply brake to check for pulling to right/left.   | [   ]     | [   ]     |
| Tires                       | Visually inspect tires for even or excessive wear. All tread grooves should have at least 4/32 of an inch tread remaining. (Any tire dealer can gauge the remaining tread depth for you.) Wear bars across the tire surface should not show signs of wear. Tires should wear evenly. Tires worn on both outside edges indicates under-inflation. Tires worn in center indicates over-inflation. Front tires worn on one side, but the other, indicate front wheel alignment is out of adjustment. | [   ]     | [   ]     |
| Engine                      | Ease of starting.<br>Smooth idle.<br>Smooth acceleration.<br>Engine noise and excessive pinging.  | [   ]     | [   ]     |
| Transmission                | Transmission position indicator agrees with actual position of transmission.<br>Transmission locks when in "park" position.<br>Smooth shifting of gears with no unusual noises.   | [   ]     | [   ]     |
| Steering                    | Excessive or unusual response when driving.<br>Steering wheel must turn from one extreme position to the other smoothly   | [   ]     | [   ]     |
| Exhaust                     | Check for noise, excessive smoke or odor of exhaust fumes in vehicle.   | [   ]     | [   ]     |
| Lights                      | Check instrument interior, directional four-way flashers, tail and brake lights, parking and headlights (high/low beam) for proper operation.   | [   ]     | [   ]     |
| Instruments                 | Check gauges, speedometer, odometer and trouble lights for proper operation.  | [   ]     | [   ]     |
| Air cond.<br>Heater/Defrost | Proper operation on all selected positions without any unusual noises.  | [   ]     | [   ]     |

| Vehicle Part     | Guidelines and Checklist   | Condition         |                   |
|------------------|--|-------------------|-------------------|
|                  |  | Operative         | Defective         |
| Horn             | Audible operation.   | [ ]               | [ ]               |
| Rearview Mirror  | Check inside and outside mirrors for discoloration, cracks and secure mounting.  | [ ]               | [ ]               |
| Window Glass     | Check for discoloration, obstruction (decals) and cleanliness.<br>Cracks or breakage.<br>Operation of roll-down windows.   | [ ]<br>[ ]<br>[ ] | [ ]<br>[ ]<br>[ ] |
| Safety Equipment | Is vehicle equipped with three reflective triangles or flags and reflectors for use in the event of a mechanical breakdown on or near the traveled portion of any roadway?<br>Do seat belts function properly? | [ ]<br>[ ]        | [ ]<br>[ ]        |