Collision Clinic Ltd.
"Enriching Lives" Car Giveaway Program
Recipient Application Form
DEADLINE FOR APPLICATION IS NOVEMBER 12th.

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening/Cell Phone: _____

Driver Information

Driver's license number: _____ Expiration Date: _____ Province: _____

Has your driver's license ever been suspended or revoked? Yes No

Have you had any moving violations, or criminal infractions in the past two years? Yes No

Do you currently have auto insurance? Yes No

Mandatory Information

All applicants MUST HAVE a current valid driver's license.
You MUST INCLUDE a current DMV driving record with this application.
(Only applications with the record enclosed will be considered.)

Write at least one page explaining why the lack of reliable transportation interferes with your current economic status, and how receiving this automobile will help you improve it.

Please supply a copy of your most recent resume.
Please supply the name, address and telephone number of your current employer.
Please supply the names and telephone numbers of two personal references.

1. _____

2. _____

3. _____

This event may be covered by the media; are you willing to be interviewed and/or appear on TV?
Yes No

Please fax to 709-368-8931, or email swells@collisionclinic.com
or mail to Sharon Wells, 685 Topsail Road, St. John's, NL A1E 2E3

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