

# APPROVED DRIVER APPLICATION FORM

Calvary Monument Bible Church  
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PLEASE PRINT CLEARLY

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Driver's Personal Insurance Company

\_\_\_\_\_  
Yrs. Driving Experience

\_\_\_\_\_  
Occupation

Do you have impairments other than glasses that may limit your ability to drive safely?

\_\_\_\_\_  
(If yes, please describe: \_\_\_\_\_)

Number of at-fault accidents in the past three years: \_\_\_\_\_

Number of not-at-fault accidents in the past three years: \_\_\_\_\_

Number of traffic violations in the past three years:

Speeding: \_\_\_\_\_

Other: \_\_\_\_\_ (Please describe: \_\_\_\_\_)

PLEASE COMPLETE AND RETURN TO CHURCH OFFICE IMMEDIATELY.  
ALL DRIVERS OF CMBC VAN AND/OR CMBC-RENTED VEHICLES MUST BE APPROVED.