

Citizens Advisory Network (CAN) Application

If you are interested in becoming a member of the Ben Franklin Transit Citizens Advisory Network, please complete and submit this application to execoffice@bft.org or mail to Ben Franklin Transit at the address below. If you need assistance, please call 509.735.5100.

Name: _____ Email: _____

Address: _____ City/Zip: _____

Phone: _____ School (if student): _____

Occupation/Employer: _____

Do you currently use BFT services? ____ Yes ____ No

If Yes, how often? ____ Frequently (weekly) ____ Sometimes (monthly) ____ Rarely

Which mode do you use? (Check all that apply)

____ Regular Fixed-Route Transit ____ Dial-A-Ride ____ Rideshare ____ CONNECT

Representative Interest (Check all that apply)

- | | |
|---------------------------------------|---|
| ____ Fixed-Route Rider | ____ Ethnic Community Organization |
| ____ Dial-A-Ride Rider | ____ Retired Transit Worker |
| ____ Rideshare Rider | ____ Law Enforcement |
| ____ CONNECT Rider | ____ Educational Agency Representative |
| ____ Human Services Organization | ____ Economic Development/Tourism |
| ____ Medical Community Representative | ____ Bicycling/Pedestrian Advocate |
| ____ Mental Health Organization Rep | ____ Clean Air/Good Roads/Energy Advocate |
| ____ Major Employer Representative | ____ Student Rider/High School & College |

Why do you believe you are qualified to represent this segment of the community?

Thank you for your interest in serving on the BFT Citizens Advisory Network. Applicants may be contacted by the CAN Nominating Committee for an interview.