



## BEN FRANKLIN TRANSIT RELEASE AUTHORIZATION

I authorize Ben Franklin Transit to conduct a complete driving record search in conjunction with the review of my application for the position of a volunteer vanpool driver.

I do \_\_\_ do not \_\_\_ have any mental or physical handicaps or health problems that would affect my performance as a vanpool driver. If the above answer is "yes," please explain.

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My Date of Birth is \_\_\_\_\_

My Driver's License No. is \_\_\_\_\_

Signature \_\_\_\_\_

Name (print clearly) \_\_\_\_\_

Vanpool No. \_\_\_\_\_

Date \_\_\_\_\_

e-mail Address \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_