

# Rest Area Activities Program Application

Idaho Transportation Department



Please type or print all requested information.

### Volunteer Group Information

|                                  |                 |
|----------------------------------|-----------------|
| Group Name                       |                 |
| Tax Exempt Number                | 501(c)-3 Status |
| Address                          |                 |
| Rest Area Activities Chairperson |                 |
| Daytime Phone                    | Email           |
| Address                          |                 |

### Rest Area Information

|   |   |
|---|---|
| Rest Area Name  |   |
| <input type="checkbox"/> East Bound <input type="checkbox"/> West Bound <input type="checkbox"/> North Bound <input type="checkbox"/> South Bound |   |
| Dates Requested (1-3 continuous days)<br>From    -    -                      To    -    -   | Alternate Dates<br>From    -    -                      To    -    - |
| Hours of Operation (daylight to dark minimum)<br>From                      a.m. To                      p.m.                                      | Number of Volunteers working at one time                            |
| Rest Area Activities Chairperson's Signature  | Date  |
| District Approval   | Date  |

### Department Use Only