

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) From - - To - -	Alternate Dates From - - To - -
Hours of Operation (daylight to dark minimum) 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