

Date Received _____
Approved/Declined _____
For Official Use Only

## Idaho Youth ChalleNGe Academy

### Request for Service

Please fill out this form completely before returning to IDYCA. Please **print** clearly. This form **must** be submitted at least two-weeks prior to the work project start date. (Service to Community projects are typically scheduled 3-4 weeks ahead of time, and preference is for projects that require a minimum of 20 Cadets, due to transportation costs.) Please note that the primary days for voluntary service are **Saturdays**. The students are in class Monday through Friday and Sundays are utilized for behavior reinforcement. Additionally, the students do not perform voluntary service during the first four-weeks of each class cycle. Contact information is provided at the bottom of this page.

Organization(s) requesting service: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address	City	State	Zip Code
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Point of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Point of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date(s) and Time(s) of work project: \_\_\_\_\_

Location of project: \_\_\_\_\_

Point of Contact at Project: \_\_\_\_\_ Phone Number at Project: \_\_\_\_\_

What type of work will be done?: \_\_\_\_\_

Due to supervisory and transportation requirements we prefer to utilize the students in groups of 20 or more.

How many students will be needed?: \_\_\_\_\_

What type of equipment will be provided by the requesting agency?:

Type	Provided
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What type of equipment is needed but not provided?:

Type	Needed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will any of the following items be provided?:

	Yes	No	
Meals	<input type="checkbox"/>	<input type="checkbox"/>	Type? _____
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	
Donation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

	Yes	No	
Drinks	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
In Kind Donation	<input type="checkbox"/>	<input type="checkbox"/>	Type & Value? _____

**STANDARD OF SAFETY:** The work projects must meet minimum safety standards of the Idaho Youth ChalleNGe Academy (IDYCA) before it will be confirmed. A safety inspection will be done at least 1-week prior to project start date. IDYCA reserves the right to cancel projects if the safety of students is compromised.

\_\_\_\_\_  
Signature of Requesting Organization

\_\_\_\_\_  
Date

Mail To: IDYCA, ATTN: Project Coordinator, 117 Timberline Drive, Pierce, ID 83546  
Or Fax To: (208) 464-1443  
Voice: (208) 464-1469