



LAKE YALE
BAPTIST CONFERENCE CENTER
 LEESBURG, FLORIDA

VOLUNTEER APPLICATION

DATE: _____

NAME: _____ AGE: _____

SPOUSE NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

DATES AVAILABLE TO VOLUNTEER AT LAKE YALE: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

TYPE & SIZE OF RV: _____

RV LICENSE #: _____ STATE OF ISSUE: _____

TOW VEHICLE: _____ LICENSE #: _____ STATE: _____

EMERGENCY INFORMATION

In case of an accident or illness during my/our stay at Lake Yale, notify one of the following:

NAME: _____

RELATIONSHIP: _____ TELEPHONE: _____

ADDRESS: _____

NAME: _____

RELATIONSHIP: _____ TELEPHONE: _____

ADDRESS: _____

MEDICATIONS: Yourself: _____

Your Spouse: _____

Physical Restrictions (if any): _____

I/We understand and accept that volunteers at Lake Yale Baptist Conference Center of the Florida Baptist Convention receive no pay and are NOT covered by any medical, accidental, or workers' compensation insurance.

 Signature(s) Date: _____

PASTOR'S NAME: _____

NAME OF CHURCH: _____

CHURCH ADDRESS: _____

CHURCH TELEPHONE: _____

LIST THREE (3) REFERENCES OF PERSONS WHO ARE NOT RELATED TO YOU:

NAME

TELEPHONE

For Office Use Only:

Application Received: _____

Status: _____