



Lake Yale Baptist Conference Center

Telephone: (352) 483-9800
Fax: (352)483-9820
E-Mail: lakeyale@flbaptist.org

39034 CR 452
Leesburg, FL 34788
Web site: www.lybcc.com

Volunteer Application

Office Use Only:

App Received: _____

Status: _____

Personal Information:

Your Name: _____ Birthdate: ___/___/___

Spouse's Name: _____ Birthdate: ___/___/___

Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip Code*

Home Telephone: (____) _____ - _____ Your Cell #: (____) _____ - _____

E-Mail: _____ @ _____ Spouse Cell #:(____) _____ - _____

RV Information:

Type of RV: _____ Size of RV: _____

RV License #: _____ State of Issue: _____

Tow Vehicle: _____ License #: _____ State: _____

Dates Available:

First Choice: Arrival Date: _____ Departure Date: _____

Second Choice: Arrival Date: _____ Departure Date: _____

Emergency Information:

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

Name/Relationship: _____ Tel #: (____) _____ - _____

Name/Relationship: _____ Tel #: (____) _____ - _____

References: *(only applicable if first time as a Lake Yale volunteer)*

Church Name: _____ Pastor's Name: _____

Church Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip Code*

List Three (3) References *(not related to you)*:

(1)Name: _____

Telephone #: (____) _____ - _____ E-Mail: _____ @ _____



A Ministry of the Florida Baptist Convention
1230 Hendricks Avenue, Jacksonville, FL 32207-8696

(2)Name: _____

Telephone #: (____) ____ - _____ E-Mail: _____@_____

(3)Name: _____

Telephone #: (____) ____ - _____ E-Mail: _____@_____

Projects: Lake Yale volunteers are generally involved in the following types of projects: construction, grounds, painting, handyman, cleaning, electrical, and plumbing.

Please bring tools that will assist in these areas.

If you have expertise in any specific area, please list below:

I/we understand and accept that volunteers at Lake Baptist Conference Center of the Florida Baptist Convention receive no pay and are NOT covered by any medical, accidental, or workers' compensation insurance. I/we will also agree to a background check and driver's record check when I/we arrive.

Your Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Comments: _____
