



**LAKE YALE**  
BAPTIST CONFERENCE CENTER  
*Complete Your Experience*

***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: \_\_\_\_\_