



APPLICATION FOR VOLUNTEER SERVICE

PERSONAL INFORMATION					
Name (Last)		First	MI	Preferred Name	Email address
Street Address			City	State	Zip Code
Phone Number	Cell Phone	Birthdate	Sex Male ___ Female ___	US Citizen Yes ___ No ___	
Marital Status Single ___ Married ___		How did you hear about the volunteer program?			
General Health Excellent ___ Good ___		Do you smoke? Yes ___ No ___	Do you have: (If yes, please explain) Chronic ailment? Yes ___ No ___ Physical Disability? Yes ___ No ___		
Shirt Size: S M L XL XXL XXXL			Spouse Shirt Size: S M L XL XXL XXXL		
Spouse Name (First)		MI	Preferred Name	Birthdate	
Sex Male ___ Female ___		US Citizen Yes ___ No ___			
General Health Excellent ___ Good ___		Do you smoke? Yes ___ No ___	Do you have: (If yes, please explain) Chronic ailment? Yes ___ No ___ Physical Disability? Yes ___ No ___		
SKILLS & QUALIFICATIONS					
First Line Applicant			Spouse		
<u>Skills, talents, other qualifications</u>			<u>Skills, talents, other qualifications</u>		
SERVICE DATES & INFORMATION					
Arrival and Departure Dates: From _____ to _____ Yr. _____					
Alternate Arrival and Departure Dates: From _____ to _____ Yr. _____ (We request that you arrive on the first day of the month and depart on the last day of the month.)					
Will you have health insurance coverage when you serve?				Yes ___ No ___	
Will you have accident coverage when you serve?				Yes ___ No ___	
CHURCH MEMBERSHIP					
Church Name			Phone Number		
City	State	Zip	E-Mail		
REFERENCES					
Current Pastor		Street Address, City, State, Zip			Phone
					Email
Other Reference		Street Address, City, State, Zip			Phone
					Email
Other Reference		Street Address, City, State, Zip			Phone
					Email
PERMANENT CONTACT PERSON					
Name			Street Address		
City		State	Zip		
Residence Phone Number		Business Phone Number		Email	

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Street Address City State Zip Code

Phone Number Cell Phone Birthdate Sex US Citizen

Male___ Female___ Yes___ No___ Marital

Status How did you hear about the volunteer program? Single Married General Health Do you smoke? Do you have: (If yes, please explain) Excellent___ Good___ Yes___ No___ Chronic ailment? Yes___ No___ Physical Disability? Yes___ No___ Shirt Size: S M L XL XXL XXXL Spouse Shirt Size: S M L XL XXL XXXL Spouse Name (First) MI Preferred Name Birthdate

Sex US Citizen Male___ Female___ Yes___ No___ General Health Do you smoke? Do you have: (If yes, please explain) Excellent___ Good___ Yes___ No___ Chronic ailment? Yes___ No___ Physical Disability? Yes___ No___

SKILLS & QUALIFICATIONS

First Line Applicant Skills, talents, other qualifications Spouse Skills, talents, other qualifications

SERVICE DATES & INFORMATION Arrival and Departure Dates: From

_____ to _____ Yr. _____ Alternate Arrival and Departure Dates: From _____ to _____ Yr. _____ (We request that you arrive on the first day of the month and depart on the last day of the month.)

Will you have health insurance coverage when you serve? Yes___ No___ Will you have accident coverage when you serve? Yes___ No___

CHURCH MEMBERSHIP

Church Name Phone Number

City State Zip E-Mail

REFERENCES Current Pastor Street Address, City, State, Zip Phone

Email Other Reference

Street Address. City, State, Zip Phone

Email Other Reference

Street Address. City, State, Zip Phone

Email PERMANENT CONTACT PERSON Name Street Address

City State Zip

Residence Phone Number Business Phone Number Email

LifeWay Glorieta Conference Center owned and operated by LifeWay Christian Resources of the Southern Baptist Convention Revised 1/11

EMPLOYMENT EXPERIENCE			
First Line Applicant (Most recent employer/s)	Retired? Yes _____ No _____	Spouse (Most recent employer/s)	Retired? Yes _____ No _____
Position		Dates	
Previous Positions		Dates	
HOUSING REQUISITION			
I request housing at the LifeWay Glorieta Conference Center and I agree to abide by the rules and regulations of LifeWay Glorieta Conference Center. Yes _____ No _____			
I have physical needs to be considered in accommodations. Yes _____ No _____		Please explain:	
Your request can't be guaranteed, but we will make every effort to meet your needs.			
OR			
I will be bringing an RV to park at Glorieta. Yes _____ No _____			
Motor coach _____ 5th Wheel/Travel Trailer _____ Length of RV _____			
Required Amps 30 _____ or 50 _____			
APPLICATION SIGNATURE(S)			
I understand that volunteers receive no pay and are not covered by Workers Compensation Insurance.			
Date: _____		First Line Applicant: _____	
		Spouse: _____	
Use this space for any additional information needed to complete this application.			
ADDITIONAL INFORMATION			
Housing: NO pets or smoking are permitted in conference center housing. If you request an RV space and would like to bring a pet, please call the Volunteer Coordinator for information.			
Dress Code: A clean wholesome appearance is needed to serve our guests. Please do not plan to wear shorts while working in your assigned job. You will be provided with shirts with LifeWay Glorieta logo and you are requested to wear khaki or tan/beige slacks/skirts. Volunteers in maintenance and grounds may wear blue jeans.			
Climate: Glorieta is in the mountains at 7500 feet above sea level in a very arid climate. It is not unusual to have snow anytime between October and May.			
Temperature average:			
	Spring	High 55	Low 30
	Summer	82	50
	Fall	57	33
	Winter	37	25

EMPLOYMENT EXPERIENCE First Line Applicant (Most recent employer/s) Retired? Spouse (Most recent

employer/s) Retired?

Yes___ No___ Yes___ No___

Position Dates Position Dates

Previous Positions Dates Previous Positions Dates

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OR

I will be bringing an RV to park at Glorieta. Yes___ No___

Motor coach ___ 5th Wheel/Travel Trailer ___ Length of RV ___ Required Amps 30 ___ or 50 ___

APPLICATION SIGNATURE(S)

I understand that volunteers receive no pay and are not covered by Workers Compensation Insurance. Date: First Line Applicant:

Spouse:

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Temperature average: High Low Spring 55 30 Summer 82 50 Fall 57 33 Winter 37 25

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