



GREEN LAKE
CONFERENCE CENTER

Volunteer Application

Name _____ Email _____

Home Phone _____ Cell Phone _____

Permanent Address _____

Have you volunteered at GLCC before? ____ No ____ Yes When? _____

If yes, please update the **Volunteer Emergency Information Form** if anything has changed.

Why do you want to serve as a volunteer at Green Lake Conference Center?

Describe your background and experiences that would be valuable as a volunteer.

Areas of Service (select up to four areas by priority: 1 highest preference, 4 lowest preference):

Retail Areas

Memorial Day weekend through Labor Day weekend

Country Store _____
Troster Ceramics _____
Troster Lapidary/Jewelry _____

Worldwide Gifts _____
Troster China Painting _____
Troster Stained Glass _____

Operational Support

February through November

Food Service- Dining Room _____
Food Service – Kitchen _____

May through October

Greenhouse/Grounds _____
Campground Ranger _____
Other _____

Housekeeping _____
Laundry _____

Maintenance _____
Transportation _____

Mentoring and Care Support

May through September

Young Adult Ministry _____

Volunteer Ministry _____

I chose these areas for the following reason(s):

Are you willing to help out in Dining Services and/or Housing Services during unscheduled time?

- Yes
- No



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AVAILABILITY

Volunteer assignments are for **two weeks (minimum) up to the whole summer** and are rotated to make sure we have coverage in all areas for the entire season. You may be asked to change your dates – please be flexible.

PREFERRED ARRIVAL DATE _____ **PREFERRED DEPARTURE DATE** _____ **# OF WEEKS** _____
OPTIONAL ARRIVAL DATE _____ **OPTIONAL DEPARTURE DATE** _____ **# OF WEEKS** _____

HOUSING

I will need housing: YES NO Must have ground floor apt. YES NO
• I have an RV and need a campsite: YES NO
• I have my own campsite: YES NO Campsite number _____
My physical ability is limited: YES NO If yes, in what way?

Personal Reference

The following person is willing to supply a reference on my behalf:

Name _____ **Phone** _____
Relationship _____ **Email** _____
Church Membership _____
Name of Pastor _____ **Phone** _____

As a volunteer, I understand that:

- My housing may be provided, but there will be no other remuneration or contribution toward my expenses.
- All volunteers must have their own transportation while at GLCC.

Signature

Date

Mail application to:
Kristine Johnson
W2511 State Rd 23
Green Lake, WI 54941
Or scan and e-mail to:
KristineJ@glcc.org



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VOLUNTEER EMERGENCY INFORMATION

Volunteer Name _____

Date of Birth (include year) _____

Driver's License # _____

Home Address

GLCC Address

Cell Phone _____

Home Phone _____

Email Address _____

Emergency Contact Information

Name _____

Home Address _____

Email Address _____

Cell Phone _____

Home Phone _____