

# Roving Volunteers In Christ's Service

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1800 SE 4<sup>th</sup> St. Smithville, TX 78957 512-237-1289 800-727-8914  
"Be Ye *DOERS* of the Word and not *HEARERS* only" James 1:22  
[www.rvics.org](http://www.rvics.org) Email: [rvics@rvics.org](mailto:rvics@rvics.org)

## Singles Application for Membership "Please Answer All Questions by Printing or Typing"

**All Members are required to go through a "Protect My Ministry" Background Check.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home or Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ e-mail Address \_\_\_\_\_

Check one:  I am retired  I am semi-retired\* (Please explain in "Remarks" at the end of this document)

Have you accepted Jesus Christ as your personal Savior in accordance with **John 3:3** "Except a man be born again he cannot see the Kingdom of God?"

Yes  No

What Church do you attend regularly? \_\_\_\_\_

Are you a member?  Yes  No

What company carries your hospitalization insurance?

\_\_\_\_\_

In what occupation or profession were you engaged prior to your retirement?

\_\_\_\_\_

Are you associated with a like-minded ministry?  Yes  No If yes, will you be serving both ministries? \_\_\_\_\_

If you qualify for membership, when is the earliest you could start? \_\_\_\_\_

## Singles Application for Membership (continued)

If accepted, will you carefully read the policies of RVICS and abide by them?

Yes  No

It is expected that all RVICS missionaries will abstain from alcohol and all tobacco products, while on project so they do not offend a ministry which RVICS serves.

Pets are only permitted at projects which have agreed to allow pets at their facility. The RVICS Missionary must provide a copy of vaccination for the pet when requested. In addition, a signed Pets Policy must be on file at RVICS Headquarters. Are you a pet owner? \_\_\_\_\_

**Skills** List your skills in descending order.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How is your health as related to the following?

<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>General Health</b>
<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>Heart</b>
<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>Back</b>
<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>Knees &amp; Legs</b>
<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>Hearing</b>
<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>Eyesight</b>

If necessary, explain any of the above \_\_\_\_\_

\_\_\_\_\_

What is your height? \_\_\_\_\_

What is your weight? \_\_\_\_\_

Are you subject to blackouts or fainting spells? \_\_\_\_\_

Are you diabetic? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's license?  Yes  No

Do you have a recreational vehicle?  Yes  No Type and length \_\_\_\_\_

How many slide outs? \_\_\_\_\_ #Slides on right: \_\_\_\_\_ #Slides on left: \_\_\_\_\_ Amps: 30 \_\_\_\_\_ 50 \_\_\_\_\_

## Singles Application for Membership (continued)

If Motor Home: Type of tow vehicle \_\_\_\_\_

We encourage Missionaries to serve as many projects as they are able.

All RVICS members wear name badges. If accepted into RVICS, a name badge will be made for you. Please print your name, as you would desire it to appear.

\_\_\_\_\_

Check one:  I prefer a clip-on name badge  I prefer a magnetic name badge

We have an RVICS e-mail "prayer chain" that is used for RVICS member prayer requests. If accepted into the RVICS ministry, would you like to be included on the "prayer chain?" Check One: Yes  No

RVICS maintains an on-line Directory that includes active and retired members. The Directory shows the name, address, phone number, and a picture (if available) of each member who has given their written permission to be included. This is not a public document and can only be accessed through the password protected **member login** on the RVICS.org website.

Would you like to be included in the RVICS Directory?  Yes  No

Briefly state how you learned about the RVICS ministry \_\_\_\_\_

\_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

I am willing to perform any tasks assigned to me within my capabilities and am willing to work cooperatively with a team leader. I agree to go through a confidential ministry background check. I agree to willingly abstain from the use of alcohol and all tobacco products while on project, so I do not offend any ministry which RVICS serves. I agree to follow the RVICS pet policy and only serve on projects that allow pets if I own a pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_