

Roving Volunteers In Christ's Service, Inc.

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"Be DOERS of the Word and not HEARERS only" James 1:22

www.rvics.org Email: rvics@rvics.org

Application for Membership

"Please Answer All Questions by Printing or Typing"

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

PERSONAL

His Last Name _____ His First Name _____

Her Last Name _____ Her First Name _____

His Birth Date _____ Her Birth Date _____

Mailing Address _____

His Cell Phone _____ His E-mail Address _____

Her Cell Phone _____ Her E-mail Address _____

Wedding Date (if applicable) _____

Briefly state how you learned about the RVICS ministry: _____

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?"*

His reply Yes No **Her reply** Yes No

What church do you attend regularly? _____

RVICS, Inc. asks for a letter of recommendation from your pastor. Please provide your pastor's contact information and we will contact him/her.

Pastor's Name: _____

Email: _____

Address: _____

Are you associated with a similar RV ministry? Yes No
If yes, will you be serving with both ministries? Yes No

Are you a pet owner? Yes No
Pets are only permitted at projects which have agreed to allow pets at their facility.
A signed *Pets Policy* and *Pet Emergency Form* must be on file at RVICS Headquarters.

Application for Membership (cont.)

HEALTH

What company carries your medical/hospitalization insurance?

Him: Primary _____ Secondary _____

Her: Primary _____ Secondary _____

How is your health as related to the following?

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

If necessary, explain any of the above: _____

Are you subject to blackouts or fainting spells? **Him** Yes No **Her** Yes No

Are you diabetic? **Him** Yes No **Her** Yes No

If yes for either, please explain: _____

SKILLS AND EXPERIENCE

Check one:

Him: Retired Semi-retired *If so, please explain: _____

Her: Retired Semi-retired *If so, please explain: _____

His Profession: _____ Her Profession: _____

List your skills in order of proficiency:

His skills

Her skills

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Application for Membership (cont.)

RV and VEHICLE INFORMATION

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

Do you have a recreational vehicle? Yes No Type _____ Length _____

#Slides on driver's side: _____ #Slides on passenger side: _____ Amps: 30 _____ 50 _____

What company carries your RV and vehicle liability insurance? _____

Personal Vehicle Information:

Year: _____ Make (Chevy, Ford, etc.): _____

Type (Accord, Malibu, dually pickup, etc.): _____ Color: _____

GETTING READY TO SERVE

- **We encourage Missionaries to serve on as many projects as they are able.** If you qualify for membership, when is the earliest you could start? _____
- All RVICS members wear **name badges**. If accepted into RVICS, name badges will be made for you. Please print your names as you would desire them to appear.

His badge

Her badge

RVICS name badges have strong, magnetic backs. If you have a pacemaker, please check this box and you will receive a name badge pin. Him Her

- 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 added to the "prayer chain?" Yes No
- RVICS maintains an **on-line directory of active and retired members** and includes 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. Members may request their login information any time after working the first day of their first project.

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

Application for Membership (cont.)

AND FINALLY...

I agree to / acknowledge the following by initialing:

His _____ Hers _____ I have read the RVICS, Inc. *Constitution & By-Laws*, the *Missionary Member's Manual of Policies and Practices* and the *Ten Commandments for RVICS Missionary Members* and agree to abide by these policies.

His _____ Hers _____ I grant permission to RVICS, Inc. to provide the results of my background check to Project Ministry hosts which will include name, address, and "No Reportable Records." No confidential information, such as SSN, DOB, telephone numbers, etc. will be shared.

His _____ Hers _____ I grant permission for RVICS, Inc, its members and representatives, the right to take photographs of me, my property and activities. I authorize RVICS, Inc., its assignees and transferees, to copyright, use and publish the same in print and/or electronically. I agree that only RVICS, Inc. may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content.

His _____ Hers _____ I agree to be self-supporting and have adequate accident and hospitalization coverage as well as property damage and liability insurance for my RV.

His _____ Hers _____ I agree to donate my time and use my work skills, so far as I am physically able, on an RVICS Project to provide services, maintenance and construction assistance. I expect nothing in return for my service other than a place to park my RV with electric, water and sewer hook ups.

His _____ Hers _____ I agree to accept direction from the RVICS Team Leader while on project.

His _____ Hers _____ I agree to abstain from alcohol and all tobacco products while on project, so I do not offend a ministry which RVICS serves.

His _____ Hers _____ I understand RVICS, Inc. is a tax-exempt, non-profit, faith-based ministry. No one serving in the RVICS, Inc. Ministry, including officers and leaders, receives any salary for their services. I further understand that RVICS, Inc. Ministry is primarily supported by financial donations from its members and friends, and I will prayerfully consider contributing to the ministry as the Lord leads. Donations, memorials and honorariums to RVICS, Inc. are tax deductible.

His _____ Hers _____ I understand that I may terminate my affiliation with RVICS, Inc. by giving a two week notice in writing to the Team Leader or Headquarters.

By signing below, I agree that the information contained in this application is correct to the best of my knowledge.

His Signature _____ Date _____

Her Signature _____ Date _____