

Roving Volunteers In Christ's Service

1800 SE 4th 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 Email: rvics@rvics.org

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

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

Husband's Name _____ Birth Date _____

Wife's Name _____ Birth Date _____

Home or Mailing Address _____

Home Phone No. _____

His Cell Phone No. _____ His e-mail Address _____

Her Cell Phone No. _____ Her e-mail Address _____

Wedding Date _____

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

Have both of 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?"

Husband Yes No **Wife** Yes No

What Church do you attend regularly? _____

Are you a member? Yes No

What company carries your hospitalization insurance?

Husband: _____

Wife: _____

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

Husband _____

Wife _____

Are you associated with a like-minded ministry? Yes No

If yes, will you be serving with both ministries? _____

Application for Membership (cont.)

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

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

Husband Yes No **Wife** Yes No

It is expected that all RVICS Missionaries will abstain from the use of 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.

Husband	Wife

How is your health as related to the following?

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

If necessary, explain any of the above _____

What is your height? Husband _____ Wife _____

What is your weight? Husband _____ Wife _____

Are you subject to blackouts or fainting spells? Husband _____ Wife _____

Are you diabetic? Husband _____ Wife _____ If so, please explain _____

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

Application for Membership (cont.)

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

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

Vehicle Information: (Your personal vehicle, not your RV)

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

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

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

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.

Husband

Wife

Check one: I prefer a clip-on name badge

I prefer a clip-on name badge

I prefer a magnetic 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

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

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____