

# 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](http://www.rvics.org) Email: [rvics@rvics.org](mailto: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 \_\_\_\_\_

Current Address: House # and Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

## Application for Membership (cont.)

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.

### 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

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

#### *General Health*

#### *Heart*

#### *Back*

#### *Knees & Legs*

#### *Hearing*

#### *Eyesight*

#### Her Health

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ Excellent

☐ Fair ☐ Good ☐ 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

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#### Her skills

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## 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 \_\_\_\_\_