

Roving Volunteers In Christ's Service

1800 SE 4th St. Smithville, TX 78957 800-727-8914 FAX: 866-396-8995
"Be Ye *DOERS* of the Word and not *HEARERS* only" James 1:22
www.rvics.com Email: rvics@rvics.com

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. _____ Cell Phone No. _____

E-mail Address _____ Cell Phone No. _____

Wedding Date _____ Are you self-supporting? _____

Are you fully retired? Yes No If not, when will you be? _____

What company carries your hospitalization insurance?

Husband: _____

Wife: _____

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 occupation or profession were you engaged in prior to your retirement?

Husband _____

Wife _____

If you qualify for membership, when is the earliest you could start and what part of the country would you **like** to be in? _____

We will do our best to assign you to the region of your choice, however we cannot make any promises.

Application for Membership (cont)

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

Husband Yes No **Wife** Yes No

It is our belief that the use of either **"tobacco"** or **"alcohol"** is not consistent with the Christian Witness for the RVICS Ministry. We strive to serve only those ministries who do not allow smoking or partaking alcoholic beverages. If you use either **"tobacco"** or **"alcoholic beverages,"** we regret that we will not accept your application for membership. Also, we have found from our past years of experience that **"pets"** have caused problems among our RVICS family and, therefore, are not permitted.

Do you drink alcoholic beverages of any kind? **Husband** Yes No **Wife** Yes No

Do you smoke or chew tobacco? **Husband** Yes No **Wife** Yes No

List your skills in descending order. List what you do best first; also indicate if you have the necessary tools which you can bring with you to perform these skills.

Husband	Skills	Wife
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Are you willing to perform any tasks assigned to you provided they are within your capabilities?

Husband Yes No **Wife** Yes No

Are you a person who can readily accept direction? **Husband** Yes No **Wife** Yes No

How is your health as related to the following?

Husband		Wife
<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 _____

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 _____

Application for Membership (cont)

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

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

How many slide outs? _____ On one side or both sides? _____ Amps? 30 _____ 50 _____

If Motor Home: Type of tow vehicle _____

We encourage members to serve a **minimum** of 3 to 4 months annually; are you willing to do this?

Yes No If no, give reason.

If accepted, would you consider working beyond the three (3) months? Yes No

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____

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 on your name badges, in the spaces below.

Husband

Wife

We have an RVICS "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

Briefly state how you learned about the RVICS ministry _____

Remarks

