



New Member Application and Skill Sheet

RVs on a Mission (ROAM)

Name (Please Print) _____
Last Name First Name Middle Name

Spouse Name: _____
Last Name First Name Middle Name

Permanent Address:
Street _____ City _____ ST _____ Zip _____

Email _____ District _____
(District where your home church is located)

Home Phone: (____) _____ Cell # 1 (____) _____ Cell # 2 (____) _____

Birth date: Male: ____/____/____(M/D/Y) Female: ____/____/____ (M/D/Y) Anniversary ____/____/____(M/D/Y)

Type of RV (circle one) Motor home 5th-Wheel Trailer Length _____ Slide-Outs Y/N

Full-time RVers? Yes No

Physical Limitations _____

Emergency Notification _____ Phone: (____) _____

How do you want your name to appear on your name badge? (Complimentary to new members.)

You _____ Spouse _____

FBI Background Check
As of January 1, 2011 all members are required to have a Federal background check on file in the ROAM Kansas City office. (Please place a check mark to indicate appropriate status.)

_____ I have an FBI background check and copy is enclosed.
_____ I am including \$5/person (in addition to our membership fee) so the ROAM office may obtain this report for me/us.
Note: You will be notified when the check is complete and on file.

Waiver of Liability: I hereby hold harmless ROAM, its agents, employees, members, and staff, corporate or other officers and representatives and those **ministries and organizations (aka "projects")** for whom ROAM works or is involved, from any injuries sustained to myself or my family or any damage to my property while traveling to or from or while on site of any ROAM project or their property. **I agree to carry my own health insurance.**

Compensation: I agree that I will receive no monetary compensation for any time or labor while participating in a ROAM project or program. I will make no unauthorized purchases on behalf of ROAM and will present valid sales receipts for payment of all authorized purchases.

Consent for Treatment: In case of accident or serious illness, I hereby agree to the performance of such treatment as deemed necessary the opinion of the attending physician, for absolute emergency only if spouse is not present.

Volunteer Statement: I agree to build God's Kingdom by volunteer participation in ROAM and to abide by policies and procedures established. I will do my best to model a Biblical Christian lifestyle that will glorify Christ, bring credit to ROAM and the Church of the Nazarene, and that is consistent with the teaching, doctrines and policies established in *The Manual* of the Church of the Nazarene.

PLEASE COMPLETE AND SIGN ON REVERSE SIDE

Skills—Information is sent to host project managers & ROAM team leaders to make the best use of your skills. In **His Skills** or **Her Skills** column please rate your skills 1 through 5 with “1” being least skilled and “5” being most skilled. If no experience, leave blank. **Advanced Training** indicate Certified, Master, etc. i.e. Master Electrician Helper (1) (2) (3) (4) (5) Expert.

Advanced Training	His Skills	Skill	Her Skills	Advanced Training
		Air Conditioning/Heating		
		Appliance Repair/Service		
		Auto/Diesel Mechanic		
		Cabinet Making		
		Carpentry		
		Computer		
		Dry Wall		
		Electrician		
		Handyman		
		Heavy Equipment Operator		
		Kitchen Worker		
		Landscaping/Gardening		
		Light Cleaning		
		Office		
		Painting		
		Photography (Digital - Still/Video)		
		Plumbing		
		Sewing/Upholstery		
		Small Engine Repair		
		Teaching/Tutoring		
		Tile Setting		
		Wallpapering		
		Welding		

List your previous (and current, if employed) occupations and positions.

His: _____

Hers: _____

Are you willing to be a Team Leader to coordinate work between the team and the host camp or church? Yes No Maybe If needed

Our annual membership fee of \$35.00 per RV Unit is enclosed.

 Signature

 Spouse's Signature

Date _____

Date _____

How did you learn of ROAM? _____

Please mail to: ROAM, PO Box 480876, Kansas City, MO 64148

Phone: (816) 941-7711

Email: Info@rvsonamission.org

Website: www.rvsonamission.org