



New Member Application and Skill Sheet

RVs On A Mission (ROAM)

A Nazarene Lay Ministry

Name (Please Print) _____

Last Name

First Name

Middle Name

Spouse Name _____

Last Name

First Name

Middle Name

Permanent Address:

Street _____ City _____ ST ____ Zip _____

Email(s) _____ 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)

Emergency Notification _____ Phone: (____) _____

Skills—Your 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, enter “0”. Advanced Training indicate Certified, Master, etc. i.e. Master Electrician)*

A number must be entered for each skill

Advanced Training	His Skills	Skill	Her Skills	Advanced Training
	0 1 2 3 4 5	Air Conditioning/Heating	0 1 2 3 4 5	
	0 1 2 3 4 5	Appliance Repair/Service	0 1 2 3 4 5	
	0 1 2 3 4 5	Auto/Diesel Mechanic	0 1 2 3 4 5	
	0 1 2 3 4 5	Cabinet Making	0 1 2 3 4 5	
	0 1 2 3 4 5	Carpentry	0 1 2 3 4 5	
	0 1 2 3 4 5	Computer	0 1 2 3 4 5	
	0 1 2 3 4 5	Dry Wall	0 1 2 3 4 5	
	0 1 2 3 4 5	Electrician	0 1 2 3 4 5	
	0 1 2 3 4 5	Handyman	0 1 2 3 4 5	
	0 1 2 3 4 5	Heavy Equipment Operator	0 1 2 3 4 5	
	0 1 2 3 4 5	Kitchen Worker	0 1 2 3 4 5	
	0 1 2 3 4 5	Landscaping/Gardening	0 1 2 3 4 5	
	0 1 2 3 4 5	Light Cleaning	0 1 2 3 4 5	
	0 1 2 3 4 5	Office	0 1 2 3 4 5	
	0 1 2 3 4 5	Painting	0 1 2 3 4 5	
	0 1 2 3 4 5	Photography (Digital - Still/Video)	0 1 2 3 4 5	
	0 1 2 3 4 5	Plumbing	0 1 2 3 4 5	
	0 1 2 3 4 5	Sewing/Upholstery	0 1 2 3 4 5	
	0 1 2 3 4 5	Small Engine Repair	0 1 2 3 4 5	
	0 1 2 3 4 5	Teaching/Tutoring	0 1 2 3 4 5	
	0 1 2 3 4 5	Tile Setting	0 1 2 3 4 5	
	0 1 2 3 4 5	Wallpapering	0 1 2 3 4 5	
	0 1 2 3 4 5	Welding	0 1 2 3 4 5	

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

His: _____

Hers: _____

Physical Limitations: _____

Continued on back

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

Full-time RVers? Yes No How did you learn of ROAM? _____

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

Name Badge Order (complimentary to new members)

Your name _____ Spouse name _____
(as you would like it to appear) (as you would like it to appear)

Hometown/State _____ Hometown/State _____
(Optional) (Optional)

Style (circle one) Clip Lanyard Magnet Pin Style (circle one) Clip Lanyard Magnet Pin

Orientation (circle one) Vertical Horizontal Orientation (circle one) Vertical Horizontal

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 that is less than 1 year old and the 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: Your Social Security number will be required to run the background check. Someone from the ROAM Office will call you and enter that information directly into the background check program. Your Social Security number will NOT be kept on file in the ROAM Office. You will be emailed a copy of the background check when it is completed 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.

Our signed membership commitment form is enclosed.

Our membership fee of \$40.00 per RV unit for the current calendar year is enclosed. (NOTE: For applications received October 1st or later, this fee covers dues for the current calendar year and the following calendar year.)

Signature

Spouse's Signature

Date

Date

Please mail to: ROAM, Inc., PO Box 480876, Kansas City, MO 64148
(816) 941-7711 * office@rvsonamission.org * www.rvsonamission.org