

Community of Christ

RV Association PROJECT APPLICATION

____ / ____ / ____

Mo. / Day / Year

1. Location where project will take place:

Campground/Church/Other _____

Address _____ City _____ State _____ Zip _____

Specific Driving Directions:

2. Contact person:

Name _____

Address _____

City _____ State _____ Zip _____

_____ Email _____

Camp Manager _____ Phone _____

Phone

3. Project Date Possibilities: These dates **MUST NOT** conflict with any other activities on the campground (i.e., camps, retreats, elder hostels, weddings, etc.) that would restrict us from continuing the work project(s) and using the kitchen & dining facilities.

1. _____

2. _____

4. Short explanation of Projects

Major projects

1. _____

2. _____

Minor projects:

1. 2.

3.

5. Job supervision will be provided by: (Check one) Local RVA

- 6. Host camp will be able to provide electric: 50 AMP _____ 30 AMP ___ & water hook-ups for RV's. (full hook-ups, if possible.) (Check one) Yes No
- 7. Host camp will be expected to provide the evening meal. We prefer the host camp to cook the meal. However, if this isn't possible, we can provide cooks, but the cost of the meal will still need to be paid for by the camp. In addition, the RVA will need access to the kitchen. Breakfast and lunch will be provided by individual camper. Will the camp provide cooks for the meal? (Check one) Yes No

Kitchen Contact Person: _____ Phone _____

- 8. Your campground belongs to your Mission Center, and we would welcome any local participants to help do the work that you have scheduled. This probably could be done with announcements in Mission Center publications. The following is an example of what you might want to include in an advertisement of this event throughout the Mission Center, asking local people to participate. It is a suggested announcement that could be used to enlist your local people to assist us with this project. Please place this announcement in each congregational bulletin for several weeks prior to the work dates. Follow-up phone calls to each pastor asking them to personally recruit helpers would also be appropriate.

Calling ALL workers! The Community of Christ RV Association is coming to work at

_____, _____
 (Name of Campground) month / days / year

Please come share your skills. Local help is necessary to complete the projects planned by your Campground Board. This work will update and improve the quality of your campground for those who use it for reunions, camps, retreats, etc. If you can help, please call: _____
 (Contact Person) (Phone #)

- 9. When we arrive, it is expected that ALL EQUIPMENT AND MATERIALS WILL BE ONSITE, ready for the project(s). We know that it is not always feasible to have every single item that will be needed, so to cover that, a local person with authority to buy these materials will need to be available to pick them up on request and bring them to the job site. Transportation to acquire needed materials should be provided. We will need the name and phone number of the person who is designated to coordinate the obtaining of these supplies & materials before & during the project,
 Name: _____ Phone # _____

- 10. When we arrive on site, it is necessary to have all trees trimmed at least 13 feet so large RV's will not rub the branches.

11. A \$200.00 donation toward the depreciation of our power tools is required on arrival.

Community of Christ RV Association

INFORMATION NEEDED FOR COMPLETION OF OUR REPORTS
PLEASE PROVIDE PERTINENT INFORMATION FOR YOUR PROJECT.

MC Apostle, _____,
Email _____, Phone _____

MCP, _____,
Email _____, Phone _____

MCFO _____,
Email _____, Phone _____

Camp Board, Pres. _____,
Email _____, Phone _____

Camp Board, FO _____, Email _____, Phone _____

Camp Manager _____, Email _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____

Pastor _____,
Email _____, Phone _____

Cong. FO _____
Email _____, Phone _____

_____, Phone _____

Director of Historic Sites _____,
Email **THE FOLLOWING INFORMATION IS NECESSARY IN CASE OF AN**
EMERGENCY

Response time of 911, if available _____.

Phone # of ambulance service.

Name of nearest Dr. Phone#

Name of Mission Center: _____

Nearest Hospital

Address

Phone #

Please complete this form and return it to:

***Rollie Marolf*, President, rollieandbeth@gmail.com – Phone: 785-207-1359 and
Woody Wilson, Job Foreman wjwilson43@boltfiber.net– phone 918-257-0455
and *Jeannine Ward*, Secretary – dalejeannineward@gmail.com – phone 515-
988-9029**

and Ron Weiberg, Treasurer - rweiberg8@gmail.com - 417-858-0571

**or send to: Community of Christ RVA
 C/O Ron Weiberg
 1001 Rambling Rd
 Shell Knob, MO 65747**

If you have drawings or plans for the project, please send a copy with this application.