

NOMADS 2009 Agency Project Application

Agency, Church, Group Name: _____

State: _____ City: _____ Zip: _____

Mailing Address: _____

Street Address: _____

E-mail: _____ Day Phone #: _____

Web: _____ Night #: _____

Address for NOMADS to receive mail if different: _____ Weekend #: _____

_____ Fax #: _____

**Circle
preferred
project time(s)
for 2009**

Summer
Jun, Jul, Aug

Fall
Sept, Oct, Nov, Dec

Are back ground checks needed to work in your facility: Yes ___ No ___

If YES, please include information on your specific requirements with this application.

RV Parking and Related Living Information

Yes ___ No ___ Pets permitted if kept in RV or on leash?	_____ Total number of RV sites
Yes ___ No ___ Are daily meals provided?	Yes ___ No ___ Is RV parking at work site
Yes ___ No ___ Are any costs involved for meals?	_____ If NO, how many miles away
	_____ Actual location of RV parking
	_____ Address for RV parking
	_____ City, State Zip for RV parking
Yes ___ No ___ Are laundry facilities on site?	_____ # of 50 amp sites
Yes ___ No ___ Are showers available for NOMADS use?	_____ # of 30 amp sites
Yes ___ No ___ Are toilets available for use?	_____ # of 20 amp sites
Yes ___ No ___ Is a meeting room available for use?	_____ # of water spigots
	_____ # of sewer connections OR
Internet Access _____ none _____ Phone _____ WIFI	Dump station ___ On Site ___ Off Site ___ miles away
_____ Location for email use	Other plans for sewage _____
_____ Hours of use for email	Max size of RV you can accommodate:
	Length: _____ Width: _____
Yes ___ No ___ Is housing available for non-Rvers?	Is security a concern at night: Yes ___ No ___
If yes, give details:	If yes, explain _____

Distance to the following helps NOMADS know more about what to bring with them:	
_____ miles to Laundromat _____ miles to Propane	
_____ miles to Wal-Mart	
_____ miles to Supermarket	_____ List altitude if over 1000'

General Information

Yes ___ No ___ Has project been approved by proper Board/Committee/Other?

Yes ___ No ___ Is your project dependent on fund-raising?

Yes ___ No ___ Are building permits required? *If Yes, when will YOU obtain them?* _____

Yes ___ No ___ **Have you applied for the necessary zone permits to city officials for parking RVs?**

Name _____ Phone _____
of District Superintendent if you are a church

_____ Date this form completed

Brief Project Description

_____ Number of 3-week projects requested

As best you can estimate the % of the work that will be:

_____ Estimate how many individual persons (NOMADS) will be needed

_____ Hard Labor

Project receptionist: _____

_____ Medium Labor

Phone number: _____

_____ Light Labor

E-mail: _____

Work Project Supervisor: _____

Phone number: _____

E-mail: _____

Agency Waiver of Liability

AGREEMENT AND GENERAL RELEASE

- 1) In applying for a team(s) of The United Methodist NOMADS to work at _____ (Agency/Church) I _____ (Agency rep./Pastor) assure NOMADS that we fully understand the nature and difficulty of the work that we will be asking NOMADS to perform.
- 2) I also hereby acknowledge that where permits, licenses and inspections are needed our organization takes full responsibility.
- 3) GENERAL RELEASE: In consideration of the work to be performed by NOMADS and described in this application, we hereby indemnify and hold NOMADS, its members, officers, directors, and agents harmless from any and all liability and costs (including attorney's fees) related to or arising out of the work performed by NOMADS. This indemnification and hold harmless agreement will survive the completion of the project by NOMADS.

Signature

Title

Detail Description of Work

Please describe in detail the work that you are asking NOMADS to accomplish:

In Addition to completing this 3-page form...

- _____ Please be sure to enclose maps and specific written directions to your work site and to RV parking if away from the work site.
- _____ Please prepare a list of Doctors, Dentists, Hospitals, and Emergency Rooms along with directions and phone numbers to give to the Team Leader for use by the team.

How did you hear about NOMADS?

Please mail this completed application to:

United Methodist NOMADS
PO Box 3508
Shawnee, KS 66203

**Or e-mail (in MS Word format)
with attachment to:**

director@nomadsumc.org

or fax 913-232-7566