

Christian Youth In Action® APPLICATION

Please check one: New Student _____ Returning Student _____
 New MA _____ Returning MA _____

PART A

Adult T-shirt size: _____

Personal Information

If you are a returning student do not fill out the *italized* portions

Please Print

Full Name: _____

Present Mailing Address: _____
Street City State Zip

Phone Number: _____ / _____ - _____ At this address until: _____

Permanent Mailing Address: _____
Street City State Zip

Phone Number: _____ / _____ - _____ Citizenship: _____

E-mail address: _____

Are you over 18 years of age? (circle one) Yes No

Name of Parents or Guardian _____

Address: _____
Street City State Zip

Are your parents/guardians in sympathy with your missionary purpose? _____

If not, what is their objection? _____

How did you become interested in the CYIA program? _____

Education And Training

(if returning-please update if applicable)

Name / Address of School	Date Enrolled	Date Left	Course Pursued	Degree/Certificate/ Hours Completed

Spiritual Life:

Give approximate date of conversion: _____

With what denomination and/or local church are you connected: _____

How have you been involved in your local church: _____

Write a biographical sketch (on another sheet of paper) describing your Christian experience. You **must** include:

- 1) the basis of your salvation (give Scripture references)
- 2) your spiritual growth since conversion
- 3) your practices in prayer, Bible study, church attendance, fellowship and witnessing
- 4) your Christian service
- 5) your convictions regarding tobacco, drugs and alcohol
- 6) your purpose for applying to the CYIA program

Are you willing to be involved in a ministry which may mean working with denominations other than your own, but which are in agreement with Child Evangelism Fellowship's Statement of Faith? _____

Are you in agreement with the Child Evangelism Fellowship Statement of Faith? _____

Experience:

Present Occupation: _____

(If employed, give name of employer. If student, give year expecting to graduate)

Have you ever been arrested or convicted of child abuse? _____

If yes, please explain on a separate sheet of paper.

Describe any training and experience you've had in Child Evangelism Fellowship: _____

Have you served as a CEF summer missionary? _____ Name, address and title of person under whom you served:

Describe any experience you've had in children's work in general: _____

Have you been used to lead a child a Christ? _____ Describe: _____

Christian Youth In Action
APPLICATION

PART B

TRAINING SCHOOL INFORMATION

Sex: Male Female Date of Birth: ____/____/____

Do you consider English to be your first language? Yes No

Marital Status: Single Married Divorced

Do you have any health conditions or physical challenges which would require special services?
 Yes No

If yes, please indicate types of services you may need on a separate piece of paper.

While attending the CYIA training school I agree to abide by regulations set forth in the standards of conduct and the dress code and to conform to its fundamental standards of honor. I realize that CEF may request the withdrawal of any trainee who, in the opinion of the staff, does not abide by the regulations set forth.

Signature

Date

MINISTRY:

Have you duly considered the sacrifices involved in being a summer missionary this summer? _____

Have you applied to any other summer missionary program? _____

If so, please give name(s) _____

How do you expect to cover your expenses this summer?

For what period of time would you be available? (Give specific months and days)

Do you have a drivers license? _____ License # _____

Will you have a car available to drive this summer? _____ Describe _____

Are you willing to work under the direction of missionaries and to accept and to perform assignments cheerfully?

Are you covered by health and accident insurance? _____

Name _____

Address of Company _____ Policy # _____

REFERENCES:

	Name	Complete Address	Phone Number
Your Pastor			
CEF Worker			
Mature Adult			

Please feel free to give further details or matters not covered in this application.

I understand that Child Evangelism Fellowship will investigate my work and personal history and verify data given on this application. I authorize all individuals, schools and firms named therein to provide information about me and I release them from all liability for damage in providing this information.

I certify that to the best of my knowledge all answers and information given on this application are true and correct.

Signature

Date

Return this application to:

CEF of Indiana, Inc.

(See Your Local Chapter Contact Info from the Website – www.cefindiana.com)

CEF of Indiana, Inc. – Medical Questionnaire

(To be filled out by parent or guardian, if applicant is under 18)

Christian Youth In Action[®]

Dates of Event: From ____/____/____ to ____/____/____

Name _____ Date of Birth _____ Sex ____

Name of family physician _____ Phone Number _____

Name of Dentist _____ Phone Number _____ Name of

Orthodontist _____ Phone Number _____ Do you carry

medical/hospital insurance? (Circle One) Yes No

If so, please indicate: Carrier _____ Policy/Group # _____

Operations or serious injuries (dates) _____

Chronic or recurring illness/medical condition _____

Dietary restrictions _____

Does the applicant have: (circle answer) Diabetes Yes No Hypoglycemia Yes No

Current Medications _____

Has the applicant ever had (check all that applies):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fainting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Polio
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Reaction to Bee Stings	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Severe Infections	<input type="checkbox"/> Cardiac Arrhythmia
<input type="checkbox"/> Tuberculosis or Positive PPD	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Anxiety / Depression
Other: _____				

Are Immunizations current? (Circle One) Yes No Date of last Tetanus Shot _____

Has the applicant had any illness requiring a visit to the doctor or hospital in the last 3 months? (Circle One)

Yes No If yes, what was the health problem?

Is the applicant currently under the care of a physician? (Circle One) Yes No

Allergies:

Food: (Please list) _____

Medications: (Please List) _____

Environmental: (Please List) (insects, latex, pollen, etc...) _____

Please list any specific restricted activities: _____

In case of emergency, notify:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Please list any non-prescription drugs being brought by the applicant that you give permission for him/her to keep and take at his/her own discretion.

Please list any non-prescription drugs that should NOT be given to the applicant.

I hereby give my permission for _____ to participate in the CYIA training sponsored by Child Evangelism Fellowship. I assure the leadership that he/she is in good health and able to participate.

CONSENT FOR TREATMENT:

I hereby give my permission to Christian Youth In Action (CYIA) staff to supervise on-site first aid for minor injuries. In the event of injury or illness requiring medical diagnosis or treatment, I hereby give my consent for CYIA staff to secure the proper medical care; including but not limited to transportation and hospitalization, if necessary. I agree to use my own medical insurance in the event of necessary medical treatment. (Every attempt will be made to contact the parent/guardian/emergency contact to inform you of any medical attention needed beyond minor first aid.)

Signature of Parent/Guardian _____
Date

REFERENCE
(Not a relative)

Applicant's Full Name: _____

The applicant has applied to Child Evangelism Fellowship as a summer missionary and has listed you as a reference. A personal recommendation gives insight into a person that would be very helpful in determining the person's ability to perform their responsibilities. Please be candid and objective.

- ❖ How long have you known the applicant? _____ In what relationship? _____
- ❖ How well do you know the applicant? (circle one) Casually Well Very Well
- ❖ Is there any reason known to you why the applicant should not work with children? (circle one) No Yes
If yes, please comment _____
- ❖ Applicant's relationship with others generally. (circle one) Poor Fair Good Very Good
- ❖ What is the applicant's attitude towards authority? (circle one) Poor Fair Good Excellent
- ❖ What are the applicant's strong points? (include special abilities)

- ❖ What are the applicant's weaknesses?

- ❖ What is the applicant's general outlook on life? (circle one) Negative Neg/Pos Pos/Neg Positive
- ❖ Has the applicant been active in church? _____ If so, in what capacities? _____

- ❖ Does the applicant work well with others? (circle one) Yes No If no, please comment _____

- ❖ Are you aware of any unbiblical sexual tendency in the applicant? (circle one) Yes No
If yes, please comment _____
- ❖ What is the applicant's work ethic? (circle one) Undependable Dependable
- ❖ How would you rate the applicant's standards for Christian living? (circle one)

Poor Fair Good Very Good Excellent
- ❖ If you were asked to have this applicant work for you for a summer, how would you respond? _____
- ❖ How do you rate this applicant's potential for ministry? (circle one) Average Good Superior
- ❖ Would you recommend that we accept this applicant? (circle one) No Questionable Yes

Further comments:

REFERENCE

CHARACTER TRAIT EVALUATION	Not Know	Poor	Below Avg.	Avg.	Above Avg.	Excellent	Comments
SOCIAL MATURITY							
Ability to communicate							
Ability to develop relationships							
Ability in confrontation							
Tactfulness/sensitivity							
LEADERSHIP MATURITY							
Drive/Initiative							
Mental Alertness							
SPIRITUAL MATURITY							
Consistent spiritual walk							
Knowledge of the Bible							
Sense of call or mission							
Submission to authority							
EMOTIONAL MATURITY							
Self-image							
Freedom from worry, anxiety							
Relationship with opposite sex							
PERSONAL MATURITY							
Self-discipline							
Conscientiousness							
Perseverance							
Common sense and judgment							
Flexibility							
Decisiveness/follow through							
Servant's attitude							

Signature

Date

Address _____

Telephone Number (_____) _____ - _____

May we call you if we have any questions? (circle one) Yes No

Position or occupation

Mail or e-mail this reference to:

CEF of Indiana, Inc.

(See Your Local Chapter Contact Info from the Website – www.cefindiana.com)

REFERENCE
(Pastor or Church Leader)

Applicant's Full Name: _____

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PERSONAL MATURITY							
Self-discipline							
Conscientiousness							
Perseverance							
Common sense and judgment							
Flexibility							
Decisiveness/follow through							
Servant's attitude							

Signature of Pastor or Church Leader

Date

Address _____

Telephone Number (_____) _____ - _____

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