

**PART A**

**Christian Youth In Action  
APPLICATION**

Please check one: New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ New MA \_\_\_\_\_ Returning MA \_\_\_\_\_

**Personal Information**

If you are a returning student do not fill out the *italicized* 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: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

## 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

# PART B

## 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:

# Christian Youth In Action APPLICATION

## Medical Questionnaire

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

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

**Medical Coverage for Applicant:**

Name of Insurance Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Is the applicant subject to:	Yes	No	Has the applicant had:	Yes	No
Asthma			Chicken Pox		
Hay Fever			Rheumatic Fever		
Epilepsy			Mumps		
Food Allergies List:			Rubella (German Measles)		
Allergies to medications List:			Measles		
Other allergies (flowers, grasses, etc.) List:			Serious reaction to bee sting		

Does the applicant have: (circle answer)

Diabetes..... Yes No

Hypoglycemia..... Yes No

Is the applicant on a special diet..... Yes No

If yes, what is it? \_\_\_\_\_

Has the applicant had any illness requiring a visit to the doctor or hospital in the last 3 months? Yes No

If yes, what was the health problem? \_\_\_\_\_

**Please list any prescription drugs being brought by the applicant:**

Name of Medication:	What it is for:	Dosage

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.

\_\_\_\_\_

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. I give my consent for medical treatment by an attending physician or medical center deemed necessary in the even of an emergency. I agree to use my own medical insurance in the event of necessary medical treatment.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## REFERENCE

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)    AverageGood      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
<b>SOCIAL MATURITY</b>							
Ability to communicate							
Ability to develop relationships							
Ability in confrontation							
Tackfulness/sensitivity							
<b>LEADERSHIP MATURITY</b>							
Drive/Initiative							
Mental Alertness							
<b>SPIRITUAL MATURITY</b>							
Consistent spiritual walk							
Knowledge of the Bible							
Sense of call or mission							
Submission to authority							
<b>EMOTIONAL MATURITY</b>							
Self-image							
Freedom from worry, anxiety							
Relationship with opposite sex							
<b>PERSONAL MATURITY</b>							
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 \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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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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