

Application Packet



cyiaTM
CHRISTIAN YOUTH IN ACTION

**Child Evangelism Fellowship of Ohio, Inc.
Greater Akron Chapter**

310 Orchard Ave. Cuyahoga Falls, 44221

330.928.1648



Since 1937

CEF

CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide™



CHILD EVANGELISM FELLOWSHIP®
SUMMER MISSIONARY
APPLICATION PACKET

PART A
(FOR NEW MISSIONARY APPLICANTS)

INCLUDES:

1. APPLICATION; CHILD PROTECTION POLICY FORMS; STATEMENT OF FAITH
2. MEDICAL QUESTIONNAIRE (MUST BE SIGNED BY PARENT IF UNDER 18)
3. BIOGRAPHICAL SKETCH SHEET TO BE COMPLETED
4. TWO REFERENCE FORMS TO BE COMPLETED & RETURNED TO THE LOCAL CEF
(BE SURE TO PROVIDE AN ADDRESSED ENVELOPE FOR YOUR REFERRALS.)
5. PHOTOGRAPHY AND VIDEO RELEASE
6. COMPLETE THE “MINISTRY AVAILABILITY” FORM.
7. SEND COMPLETED APPLICATION AND TOP PORTION OF MINISTRY AVAILABILITY FORM WITH YOUR \$25 NON-REFUNDABLE DEPOSIT (MADE PAYABLE TO “CEF OF OHIO, INC.”) AS SOON AS POSSIBLE.
8. YOU WILL BE CONTACTED FOR A PERSONAL INTERVIEW — A PARENT IS STRONGLY SUGGESTED TO ATTEND WITH YOU. A CEF STAFF MEMBER WILL CONTACT YOU ABOUT THIS INTERVIEW.

WE LOOK FORWARD TO SERVING WITH YOU THIS SUMMER!

CEF Staff



CEF
CHILD EVANGELISM
FELLOWSHIP®

Since 1937

Reaching children worldwide™

Dear Prospective Summer Missionary,

2017 CYIA

Thank you for your interest in teaching *5-Day Club*® through the *CYIA*™ (*Christian Youth in Action*®) program. You are about to become involved in one of the world's largest mission outreach of sharing the Good News of Jesus Christ with the boys and girls. This ministry is vital to the salvation of children for eternity. It is not something to take lightly or without prayer. This must be a calling of God upon your life for this summer and hopefully even more. It is sad to think that 80% of America's children do not attend church. Who will tell them about Jesus? You and I can and will through the *5-Day Club* program.

It is so important for us to carefully select and approve those who will represent Christ to the children. To help us in this effort we have a complete application form you will need to fill out. You have received this from the state office or your local director. Please make sure your return this to your local chapter by May 20th.

All summer missionaries must attend 10-12 hours of pre-training as arranged by the local chapter before attending the *CYIA* training June 11th-17th 2017 for both Senior and Junior Missionaries. The state *CYIA* training will be held at the beautiful Cedarville University in Cedarville, Ohio. You will be very comfortable in the air-conditioned dorms and very modern facilities. Including a nice game and lounge area. Take a look at the campus by going to www.cedarville.edu. The fee will be \$325.00 per student.

We are excited that you are applying to serve the Lord through the *CYIA* program as a summer missionary! We look forward to meeting you at *CYIA* in June. We are praying for you and for God's choice of servants for serving in the mission field reaching Ohio's children for Jesus.

Reaching children with the Gospel,

Mark & Kathy Horner,

State Missionary Directors for CEF® of Ohio, Inc.

Matthew 18:14 Even so, it is not the will of your Father which is in heaven, that one of these little ones should perish.



Cedarville dorm we will stay in.

Child Evangelism Fellowship® of Ohio, Inc.

641 Acorn Place, Cuyahoga Falls, Ohio 44221

Mark Horner – State Director – 330-945-8350 - cefofohio@sbcglobal.net

Kathy Horner – Director of Education – 330-945-8350 - cefkhorner@sbcglobal.net

Qualifications for Summer Missionaries

A summer missionary must:

Be 15 years of age or older to work as a Senior Summer Missionary; 12-13 to serve as a Junior Missionary 13- 14 to be a Senior Missionary Assistant (SMA). All levels may be repeated regardless of age if deemed necessary by director.

Have the assurance of salvation based on the authority of the Word of God.

Be a maturing Christian, demonstrating Christ-like conduct in daily life.

Have a burden and vision to reach lost boys and girls.

Be willing to make a commitment to work a minimum of four to six clubs.

Attend the required pre-training, and *CYIA*[™] training provided by *Child Evangelism Fellowship*[®] to prepare for teaching 5-Day Clubs.

Be self-disciplined to study and prepare for each club.

Have ability to communicate effectively on a child's level.

Have good rapport with children and adults.

Work under the authority and supervision of the Club Coordinator and *Child Evangelism Fellowship*.

Keep careful records and follow all directions given by Club Coordinator.

Believe and sign the *CEF* Statement of Faith and Doctrinal Protection Policy.

Be screened for the *CEF* Child Protection Policy.

Approved by the state director to serve as a *CEF* missionary.

To be completed by
Local Director:

- Junior Missionary
- SMA
- Senior Missionary
- TCE Level 1



Paste Your
Picture here
PLEASE.
Or
EMAIL picture to
Local Director at:
ruthhillcef@sbcglobal.net

PERSONAL INFORMATION:

Please Print

Date of Application: _____

Full name: _____ Date of birth: _____

Present Mailing Address: _____
Street City State Zip

County: _____

Home Phone Number: ____/____ Cell Phone _____

E-mail: _____ CEF Chapter Name _____

T-Shirt Size (circle choice) Adult Size: S M L XL XXL **OR** Youth Size: S M L XL

Are you over 21 years of age? Yes No - If not please indicate your age _____. Male Female

Name of parents or guardians: _____

Address: _____

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

List below your schooling, including Jr. or Sr. high school, college, Bible institute, seminary, or any special school

Name and Address of School	Date Entered	Date Left	Course Pursued	Degree, Certificate, or hours completed

SPIRITUAL LIFE:

Give approximate date of salvation: _____

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

How have you been involved in your local church? _____

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, which are in agreement with Child Evangelism Fellowship’s “Statement of Faith and Doctrinal Protection Policy”? Yes No

Are you in agreement with the “Statement of Faith and Doctrinal Protection Policy” of Child Evangelism Fellowship? Yes No

Be sure to fill out the biographical sketch (Your Testimony) included with this packet.

EXPERIENCE:

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 working with children: _____

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

MINISTRY: FOR SENIOR MISSIONARIES CANDIDATES :

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, give name: _____

How do you expect to cover your expenses this summer? _____

Do you have a driver’s license? _____ Will you have a car available to drive this summer? _____

FOR ALL MISSIONARY CANDIDATES:

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

CHILD EVANGELISM FELLOWSHIP®

Testimony and Biographical Sketch

NAME _____ Date _____

1. Are you born again? _____ What do you base your salvation on? (Give Bible Scripture references of what you base your salvation on.)

2. Your spiritual growth since your conversion to Christ.

3. Your practices in prayer, Bible study, church attendance, fellowship and witnessing.

4. Your Christian service. How have you been serving the Lord? (e.g. Helping in Good News Club or at church with the ministry to children, etc.)

5. Your standards, based on the Word of God, regarding tobacco, drugs, and alcohol. Please be specific on each of these areas – use back of sheet for more space. Please read I Cor. 6:19&20, Rom. 1, I Cor. 6:9, Rom 12:1&2 before writing your answer.

6. God's Word reserves heterosexual union for marriage and insists on abstinence for the unmarried. We believe that all premarital, extramarital and homosexual forms of sexual conduct are inconsistent with the teaching of Scripture, READ (Genesis 2:24; 1 Cor. 6: 13-18; Leviticus 18:22; 20:13; Romans 1:26-27; Hebrews 13:4; Galatians 5:19-21). All *Child Evangelism Fellowship*® staff members and volunteers must abstain from what we hold to be unbiblical practices. (200.3.4 CEF USA Organization Manual)

If you agree with this statement, please sign: _____



MEDICAL QUESTIONNAIRE *—(front page)*

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

Name of Applicant: _____ Age: _____

Parent's Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Medical Coverage for the Applicant

(Please make a copy of both sides of your insurance card and include with this form)

Name of Insurance Company: _____

Policy Number _____

Family Physician _____ Phone _____

Does the applicant have: (circle answer)

Diabetes	Yes / No	Special Diet	Yes / No (If, Yes, what is it?)
Hypoglycemia	Yes / No	_____	_____
Asthma	Yes / No	_____	_____
Hay Fever	Yes / No	_____	_____

Has the applicant had: (circle answer)

Chicken Pox	Yes / No	Allergies to Medication Yes / No (If Yes, what meds?) _____ _____ _____ _____
Rheumatic Fever	Yes / No	
Mumps	Yes / No	
Rubella		
(German Measles)	Yes / No	

Measles	Yes / No	Has the applicant had any illness requiring a visit to the doctor in the last 3 months? Yes / No (If Yes, what was the health problem?) _____ _____ _____
Serious Reaction to		
Bee Sting	Yes / No	

Do you have any health conditions or physical challenges that would require special services?

Yes No If yes, please indicate types of services you may need:

DO YOU USE AN INHALER? _____ FOR WHAT PROBLEM? _____

DO YOU CARRY EPI PEN ? _____ FOR WHAT ALLERGIC REACTION _____

Please list any non-prescription drugs that you would allow your student to take at his/her own discretion (ie: aspirin, ibuprophen, etc.)

More information needed on the back →

MEDICAL QUESTIONNAIRE (back page)

Please list any prescription drugs being brought by the applicant: Include Inhalers or Epi pen

NOTE: All medications must be in their original containers, must be in a labeled zip lock bag, and must be turned into the CYIA Director or nurse at registration. No medication of any kind will be allowed in dorm rooms without the knowledge and approval from the CYIA Director.

Name of Medication	What is it for	Dosage

PARENTAL/GUARDIAN PERMISSION

I, _____, parent or guardian of _____ hereby authorize the nurse on duty and or dorm counselor or director at the Child Evangelism Fellowship® CYIA™ Training School to serve in loco parentis for me in giving over-the-counter medication to my son or daughter. I authorize the CYIA School Director, the Child Evangelism Fellowship State Director, and the nurse on duty to serve in loco parentis for me in taking my son or daughter to a doctor or emergency room for any urgent need with the understanding that the parent or guardian will be notified as soon as possible.

Signed _____ Date _____

LIABILITY AND RESPONSIBILITY CLAUSE

Child Evangelism Fellowship is not responsible for any medical bills incurred while the CYIA missionary candidate is attending training school. I agree to use my own medical insurance as the primary coverage in the event that my student needs medical care. I understand that I, the parent or guardian, will be responsible for any medical bills for my child and will make sure all medical bills are paid for in full.

Signed _____ Date _____

Dear Missionary,

The next two pages are your reference forms for you to give out to the persons listed at the top of the forms.

Please copy front to back or staple together.

We will need two references on you.

Be sure to give them out with a return envelope with address for local chapter already written out.

Ask your reference contacts to complete and mail them promptly.



CHILD EVANGELISM FELLOWSHIP® REFERENCE

Pastor Name _____ Church _____

Applicant's Full Name: _____

The applicant has applied to Child Evangelism Fellowship and has listed you as a reference. A personal recommendation provides insight into a person that would be very helpful in determining his/her ability to perform responsibilities which include, but are not limited to, the following: Sharing the Gospel message and counseling for salvation and Christian growth; teaching a Bible verse; teaching a Bible Lesson; presenting missions. With these specific responsibilities in mind, please be candid and objective as you complete this form. Please complete both sides and return to and return immediately in return envelope.

.....

- 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(s) known to you why the applicant should not/could not work with children? (circle one) Yes No
If yes, please comment _____
- Applicant's relationship with others is generally (circle one) Poor Fair Good Very Good
- What is the applicant's attitude toward authority? (circle one) Poor Fair Good Excellent
- What are the applicant's strong points? _____
- What are the applicant's weaknesses or limitations? _____
- What is the applicant's general outlook on life? (circle one) Pessimistic Optimistic Unknown
- Has the applicant been active in the church? _____ If so, in what capacities?

- In what aspect(s) of ministry have you personally observed this applicant?

- 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 _____
- How do you rate the applicant's leadership ability? (circle one) Fair Good Very Good Excellent
- 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
Comments _____
- Has the applicant any special talents or abilities? _____
- How do you rate this applicant's potential for children's ministry? Please give comments regarding your position. (circle one) Average Superior
- Would you recommend that we accept this applicant? (circle one) Yes No Questionable

CHARACTER TRAIT EVALUATION	Not Known	Poor	Below Avg.	Avg.	Above Avg.	Excellent	Back Pg. COMMENTS
SOCIAL MATURITY							
Ability to communicate							
Ability to develop relationships							
Attitude in confrontation							
Tactfulness/Sensitivity							
<i>LEADERSHIP MATURITY</i>							
Drive/Initiative							
Ability to quickly learn new materials							
Conflict resolution							
Ability to handle stress							
Ability to make split-second decisions							
Ability to work independently							
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							
Marital harmony (if applicable)							
PERSONAL MATURITY							
Self-discipline							
Conscientiousness							
Perseverance							
Common sense and judgment							
Flexibility							
Decisiveness/follow through							
Servant's attitude							

Your Name (Print) _____

Position or occupation _____

Telephone # _____ Email _____

Date _____ Signature _____

CHILD EVANGELISM FELLOWSHIP® REFERENCE

Church Leader Name _____

Applicant's Full Name: _____

The applicant has applied to Child Evangelism Fellowship and has listed you as a reference. A personal recommendation provides insight into a person that would be very helpful in determining his/her ability to perform responsibilities which include, but are not limited to, the following: Sharing the Gospel message and counseling for salvation and Christian growth; teaching a Bible verse; teaching a Bible Lesson; presenting missions. With these specific responsibilities in mind, please be candid and objective as you complete this form. Please complete both sides and return to and return immediately in return envelope.

.....

- 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(s) known to you why the applicant should not/could not work with children? (circle one) Yes No If yes, please comment _____

- Applicant's relationship with others is generally (circle one) Poor Fair Good Very Good
- What is the applicant's attitude toward authority? (circle one) Poor Fair Good Excellent
- What are the applicant's strong points? _____
- What are the applicant's weaknesses or limitations? _____
- What is the applicant's general outlook on life? (circle one) Pessimistic Optimistic Unknown
- Has the applicant been active in the church? _____ If so, in what capacities? _____

• In what aspect(s) of ministry have you personally observed this applicant _____

• 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 _____

• How do you rate the applicant's leadership ability? (circle one) Fair Good Very Good Excellent

• 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
comments _____

• Has the applicant any special talents or abilities? _____

• How do you rate this applicant's potential for children's ministry? Please give comments regarding your position. (circle one) Average Superior

• Would you recommend that we accept this applicant? (circle one) Yes No Questionable

CHARACTER TRAIT EVALUATION	Not Known	Poor	Below Avg.	Avg.	Above Avg.	Excellent	COMMENTS
SOCIAL MATURITY							
Ability to communicate							
Ability to develop relationships							
Attitude in confrontation							
Tactfulness/Sensitivity							
<i>LEADERSHIP MATURITY</i>							
Drive/Initiative							
Ability to quickly learn new materials							
Conflict resolution							
Ability to handle stress							
Ability to make split-second decisions							
Ability to work independently							
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							
Marital harmony (if applicable)							
PERSONAL MATURITY							
Self-discipline							
Conscientiousness							
Perseverance							
Common sense and judgment							
Flexibility							
Decisiveness/follow through							
Servant's attitude							

Your Name (Print) _____

Position or occupation _____

Telephone # _____ Email _____

Date _____ Signature _____

CEF copy

MY MINISTRY AVAILABILITY

Name: _____ Cell Phone _____

Email: _____

Please place an "X" next to the dates that you are available for ministry this summer (Your local director will contact you about ministry assignments at a later date):

___ PRE- TRAINING - Dates and time - May 20th 10am-3pm & June 3rd 10am – 3pm

___ CYIA TRAINING SCHOOL: June 11-17th 2017 at Cedarville University at 251 North Main Street Cedarville, OH 45314

___ Team Building Week / Practice Clubs: June 19-23rd 2017

___ 5-DAY CLUBS (June 26-30)

___ 5-DAY CLUBS (July 17-21)

___ 5-DAYCLUBS–(Aug. 7-11)

(WEEK OF CAMP GOOD NEWS)

___ 5-DAY CLUBS (July 3-7)

___ 5-DAY CLUBS (July 24-28)

___ 5-DAY CLUBS (July 10-14)

___ 5-DAYCLUBS–(July 31-Aug. 4)

Parent, I, hereby, realize the importance of this endeavor and the amount of time required to prepare for this ministry, I agree that my child will commit to serve in at least four clubs this summer as scheduled during the weeks indicated above

Parent/Guardian Signature

Date

YOUR COPY – Stick it on the Refrigerator

MY MINISTRY AVAILABILITY

Please place an "X" next to the dates that you are available for ministry this summer (Your local director will contact you about ministry assignments at a later date):

___ PRE- TRAINING - Dates and time - May 20th 10am-3pm & June 3rd 10am – 3pm

___ CYIA TRAINING SCHOOL: June 11-17th 2017 at Cedarville University at 251 North Main Street Cedarville, OH 45314

___ Team Building Week / Practice Clubs: June 19-23rd 2017

___ 5-DAY CLUBS (June 26-30)

___ 5-DAY CLUBS (July 17-21)

___ 5-DAYCLUBS–(Aug. 7-11)

(WEEK OF CAMP GOOD NEWS)

___ 5-DAY CLUBS (July 3-7)

___ 5-DAY CLUBS (July 24-28)

___ 5-DAY CLUBS (July 10-14)

___ 5-DAYCLUBS–(July 31-Aug. 4)

Parent/Guardian Signature

Date

Photography and Video Release

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photos or videos. I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Please print clearly.

Name of Child or Adult Participant: _____

Address _____

City _____ **State** _____ **Zip** _____

Phone number _____

Email address _____

Signature (of parent or guardian, if a minor): _____

Print name _____ **Date** _____

Staff: Be sure to include the signed statement of faith and workers agreement form with this application



Congratulations!

You have just completed the first step to becoming a summer missionary!

You have started an exciting adventure for this summer!

Please mail this completed application form to:

CHAPTER NAME: CEF of Ohio, Inc. _____ Chapter

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

Be sure to include your \$25.00 non-refundable deposit payable to CEF of Ohio, Inc. This amount will be deducted from your total fee of \$325.00.

Check with your local chapter for cost of 5-DC material or Kit and T-Shirt.

You will be notified for an interview.

Remember God's promise:
1 Thessalonians 5:24 "Faithful is he that calleth you, who also will do it!"