



## NEW SUMMER MISSIONARY APPLICATION PACKET

### THIS APPLICATION IS FOR NEW SUMMER MISSIONARIES AND INCLUDES:

1. APPLICATION TO BE COMPLETED
2. BIOGRAPHICAL SKETCH SHEET TO BE COMPLETED
3. TWO REFERENCE FORMS TO BE COMPLETED & RETURNED TO THE LOCAL CEF OFFICE  
(BE SURE TO PROVIDE AN ADDRESSED ENVELOPE FOR YOUR REFERRALS.)
4. REQUIRED PAPERWORK - CHILD PROTECTION POLICY FORMS; STATEMENT OF FAITH, MEDICAL QUESTIONNAIRE, PERMISSION TO TRANSPORT TO/FROM/AT CYIA, PERMISSION TO TRANSPORT DURING 5DC, PHOTO/VIDEO RELEASE, CEDARVILLE WAIVER OF LIABILITY
4. 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.

DEADLINE :This application must be sent into the local office by May 15<sup>th</sup>.

Send entire packet completed to your local CEF chapter at this address:

CEF of Greater Akron  
310 Orchard AVE  
Cuyahoga Falls OH 44221-4941

5. 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.

For any questions please contact your local director:

DIRECTOR: Ruth Hill PHONE: 330-928-1648

E-MAIL: ruthhillcef@sbcglobal.net



**CEF**  
CHILD EVANGELISM  
FELLOWSHIP®

Since 1937

Reaching children worldwide™

## 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



# APPLICATION

Paste Your  
Picture here  
**PLEASE.**  
Or  
EMAIL picture to  
Local Director at:

**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: \_\_\_\_\_

Name of your local church are you connected with \_\_\_\_\_

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 in CEF® prior to this? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_

Name of local director 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 ONLY**

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.

**CHILD EVANGELISM FELLOWSHIP® REFERENCE**

**Dear Applicant,** This page is your reference form for you to give out to the person 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.

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
<b>SOCIAL MATURITY</b>							
Ability to communicate							
Ability to develop relationships							
Attitude in confrontation							
Tactfulness/Sensitivity							
<b><i>LEADERSHIP MATURITY</i></b>							
Drive/Initiative							
Ability to quickly learn new materials							
Conflict resolution							
Ability to handle stress							
Ability to make split-second decisions							
Ability to work independently							
<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							
Marital harmony (if applicable)							
<b>PERSONAL MATURITY</b>							
Self-discipline							
Conscientiousness							
Perseverance							
Common sense and judgment							
Flexibility							
Decisiveness/follow through							
Servant's attitude							

Applicant's Name \_\_\_\_\_

Your Name (Print) \_\_\_\_\_ Position or occupation \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Church Leader Name \_\_\_\_\_

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Common sense and judgment							
Flexibility							
Decisiveness/follow through							
Servant's attitude							

Applicant's Name \_\_\_\_\_ -  
 Your Name (Print) \_\_\_\_\_ Position or occupation \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

Please mail this in the attached envelope as soon as completed. Thank you for taking the time to complete.