



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®
Reaching children worldwide®



WELCOME ...

Please complete the attached Application Packet. Each item is important, in order to help you have a good experience this summer in ministry ... Here is a CHECK LIST to help you out!

- ___ Complete the Application
- ___ Write your Christian Testimony
- ___ Complete Medical Questionnaire
- ___ Send out the Reference Forms to the people that know you well.
- ___ Parents Read and Sign Waiver Form for Transporting Minors
- ___ Read and Sign Doctrinal Protection Form

First Year Participants ...

- ___ Complete the Child Protection Forms

DEADLINES FOR PAYMENT OF FEES:

Please mail these forms along with a check for \$50.00 (Registration Fee) by or before May 20, 2016.

The balance of your Training Fee (\$260.00) will be due by May 30th. (*Total CYIA cost is \$310.00.*)

Early Bird Special: Anyone who registers by May 1, 2016, total cost of the CYIA training will be \$250.00. That's a savings of \$60!

DEADLINE:
May 20,

Ministry Team

Bob Smith
State Director
CEF of Idaho
208-465-9842

Beverly Wisdom
Local Director
Top Ten Counties
208-935-7996

Rich Wise
Local Director
Treasure Valley
208-880-2350

**FOR MORE
INFORMATION**
bob@cefoidaho.com
cef.bwisdom@gmail.com
richwise02@gmail.com



CEF
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CYIA™ APPLICATION for CEF® of Idaho

Date _____ (PLEASE PRINT PLAINLY)

E-mail _____ Telephone _____ Cell Phone _____
Area/Number

Name _____ Mr. Miss Mrs.
Last First Middle

Present Address _____
No. Street City State Zip

Name of Parent/Guardians _____

Home Mailing Address (if different from above) _____ City, State, and Zip Code

Home Phone Number _____ Parent's Email Address _____

Are your parents in agreement with your decision to serve as a summer missionary? Yes No
(if no) What is their objection? _____

Will you be 14 years of age or older by June 1st of this year? Yes No

How did you become interested in Child Evangelism Fellowship? _____

Present Occupation _____

Emergency Contact _____ Relationship _____
Parent/Guardian

Address _____
If different from above

Emergency Telephone Number _____
Area Code/Number

Tee shirts will be worn at training school. Indicate size by circling a size option that is listed below.

S
M
L
XL
XXL
XXXL
Shirt must not be tight. T-Shirts may shrink.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes	X
			5	6	7	8	<input type="checkbox"/> No	
High							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	



EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

Name and Address of Employer	Phone	Dates Worked	Position	Reason for Leaving



PERSONAL REFERENCES

Adult Name and Occupation	Address	Phone Number
Pastor/ Ch. Leader		
CEF Worker/ Adult Friend		
Christian/ Adult		

CHRISTIAN RECOMMENDATIONS

Church Affiliation _____ Location _____

Can you conscientiously sign the enclosed *Doctrinal Protection Policy*? _____

Do you believe that one can have the assurance of his salvation? _____

SPIRITUAL LIFE

Name of Church that you attend

Your Pastor's Name

Address of Church that you attend

City, State, and Zip Code

Church Phone Number

Church Website Address

What are you involved in at church as a participant?

What are you involved in at church as a servant?

WORK AND CHILDREN'S MINISTRY EXPERIENCE

What (if any) work have you done where you have been paid?

Have you served as a CEF Summer Missionary before? Y N What years?

Have you served in other CEF Ministries before? Good News Club Camp Good News

Other: _____ Fair Ministry OSM or SUM

Describe any experience that you have had in working with children:

What concerns you about working with children and what do you look forward to?

Have you been used by God to lead someone else to the Lord? Y N Describe below:

I am willing to teach with Christian young people as a team conducting 5-Day Clubs® and will cooperate with my supervisor, the other trainees, the CYIA/JCYIA staff, and local director. I am willing to follow the rules and dress code of CYIA/JCYIA and understand that failure to do so will mean that I must leave CYIA/JCYIA camp.

I agree to teach/assist at least three 5-Day Clubs after camp or the equivalent as determined by my local CEF director.

Please cross out the dates on the calendar you are **NOT** available to teach 5-Day Clubs. Also, please write the best times of day you are available below the calendars so we can schedule clubs accordingly for you to fulfill your post-camp club teaching commitment.

June						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

By signing below, I do hereby certify that to the best of my knowledge the information in this application is correct and truthful and I promise to do my best to adhere to the CYIA/JCYIA program and guidelines.

Applicant's Signature _____

Parent/Guardian's Signature _____

RETURN THIS COMPLETED APPLICATION BY MAY 20, 2017
 THE NON-REFUNDABLE \$50.00 REGISTRATION FEE AND REGISTRATION TO THE STATE OFFICE BY May 1, 2017. FOR THE EARLY BIRD DISCOUNT, THE BALANCE OF THE \$250.00 CAMP FEE IS DUE WITH THE APPLICATION **OR** BY MAY 31, 2017.

REGISTRATIONS RECEIVED AFTER MAY 1, 2016 WILL HAVE THE BALANCE OF \$310.00 CAMP FEE DUE BY MAY 31, 2017

SEND COMPLETED APPLICATION PACKET TO:

CEF of Idaho
 PO BOX 427
 Nampa, ID 83653

TESTIMONY:

First paragraph (your salvation experience – when, where, why, and how you came to Christ)

Second paragraph (share what you base your salvation on)

Third paragraph (how has your Christian walk been going, and what you would like it to be)

MEDICAL QUESTIONNAIRE
(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: _____

Address of the Insurance Company: _____

Policy Number: _____

Social Security Number: _____

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)

Allergies to Medication Yes / No (If Yes, what meds?)

Chicken Pox	Yes / No	_____
Rheumatic Fever	Yes / No	_____
Mumps	Yes / No	_____
Rubella		_____
(German Measles)	Yes / No	
Measles	Yes / No	
Serious Reaction to		
Bee Sting	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?)

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 →

Please list any prescription drugs being brought by the applicant:

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

Name of Medication	What is it for	Dosage

I agree to use my own medical insurance as the primary coverage in the event that my student needs medical care ...

Signature of Parent/Guardian

Date

MODEL RELEASE

In an effort to promote the ministry and supply curriculum for Child Evangelism Fellowship Inc. workers, CEF® produces video, print, and World Wide Web projects for use in educational promotional videos. Before a child may be photographed and/or videotaped, he/she must have parental consent (or consent of a legal guardian.) By signing below, you are authorizing Child Evangelism Fellowship Inc. to include your child's (children's) image and/or voice in CEF promotional and/or educational videos and/or publications.

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 advertising and promotional purposes. I also understand that my signature below does not guarantee my child's (children's) inclusion in these projects.

*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 _____

Witnessed by _____

Print name _____

Waiver for Minors

The *Child Evangelism Fellowship*® (CEF®) USA Child Protection Policy states, **“Even when ministry to children is not taking place, an additional adult or minor must be present when two workers are together and one is a minor, unless the minor’s parent or guardian has signed a waiver.”**

I understand that there may be occasions when my child may be traveling from location to location and/or serving in the company of only one adult of legal age. Therefore, I, the parent or legal guardian of

_____,
a minor, hereby waive the above requirement for this minor and give my permission for him/her to travel and participate in the ministries of *Child Evangelism Fellowship* without the presence of an additional adult or minor.

Signature _____ Date _____

Printed name of parent or guardian _____

Address _____

City/State/Zip _____

Telephone _____ E-mail address _____

Child Evangelism Fellowship of Idaho, Inc.
CHRISTIAN YOUTH-IN-ACTION TRAINING

Keep this page and the cover page for your records

Return Application Pages 1 - 8

DON'T FORGET ...

DO NOT BRING:

- *CD/MP3/Tape/iPod players, etc and any other related media.*
- *There really is no cell phone reception in this area. The phone number for the ALACCA Office is (208) 983-1188.*
- *PDA's and potable communication and gaming technology (GameBoy, Text Messaging, IM, Laptop Computers, etc.)*
- *ANY Non-Christian literature, magazines, photos, or games (all approved games will be brought by staff)*
- *Tobacco, alcohol, drugs, matches, lighters*

In making decisions about what to bring or not bring to CYIA ask yourself:

1) is this item a need or a want?

2) is this item going to help me and those around me to grow spiritually?