



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
- ___ Parents Read and Sign Waiver Form for Transporting Minors
- ___ Read and Sign Workers Compliance Form

First Year Participants ...

- ___ Complete and Sign Background Check Authorization
- ___ Send out Reference Forms to three people that know you well.

DEADLINES FOR PAYMENT OF FEES:

Please mail these forms along with a check for \$50.00 (Registration Fee) by or before May 17, 2019.

The balance of your Training Fee (\$290.00) will be due by May 31. (Total CYIA cost is \$340.00.)

Early Bird Special: Anyone who registers by April 15, 2019, total cost of the CYIA training will be \$290.00. That's a savings of \$50!

DEADLINE:
May 17, 2019

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

Susan Ganstrom
Coordinator
Eastern Idaho
208-244-1517

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



CEF
CHILD EVANGELISM
FELLOWSHIP®
Reaching children worldwide™

cyia™
CHRISTIAN YOUTH IN ACTION
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.

Youth Size S M L

Adult Size 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
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <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 that 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 _____

For the early bird discount.

The non-refundable \$50.00 registration fee is due to the state office by April 15, 2019. Return this completed application by May 6, 2019, with the balance of \$240.00 (for a total of \$290.00) camp fee with the application.

Registrations received after April 15, 2019 must be accompanied with a \$50.00 deposit and will have the balance of \$290.00 camp fee due with the application by May 6, 2019.

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: _____ DOB: _____

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

Hypoglycemia Yes / No

Asthma Yes / No

Hay Fever Yes / No

Special Diet Yes / No (If, Yes, what is it?)

Has the applicant had: (circle answer)

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

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

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

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 _____

(NOTE: On electronic forms, your typed signature carries the same weight as your written signature.)

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?