



# CEF of the Finger Lakes

c/o Jeff Michaels

PO Box 64, Union Hill, NY 14563

## CHRISTIAN YOUTH IN ACTION® APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_ T-shirt Size \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in School \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Number of years served as a missionary with CEF® \_\_\_\_\_ Number of years attended CYIA® Training \_\_\_\_\_

### EXPERIENCE RECORD

Teaching Experience (S.S., VBS, Good News Clubs®, other children's work) \_\_\_\_\_

Speaking Experience (Courses in speech, appearances before groups, etc.) \_\_\_\_\_

Leadership Experience (Position of leadership held in clubs, church activities, etc.) \_\_\_\_\_

### QUESTIONS

Do you use any illegal substances? \_\_\_\_\_ Do you use any tobacco or alcohol products legally? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Do you regularly take any non-prescription drugs? \_\_\_\_\_ if yes to any of these please explain. \_\_\_\_\_

*(Arrest will not necessarily disqualify you.)*

Have you prayerfully sought out God's direction for the summer? \_\_\_\_\_

Are you characterized by diligent and dependable work? \_\_\_\_\_

Are you willing to live in peace and submission to the authorities over you? \_\_\_\_\_

Are you willing to be sober minded about the responsibilities given to you? \_\_\_\_\_

Are you willing to be hospitable to your teammates, the children and to adults serving with you? \_\_\_\_\_

Are you willing to forsake violence, greediness and covetousness? \_\_\_\_\_

I promise to give the following dates for service, unless hindered by an emergency.

From \_\_\_\_\_ to \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Do you have a car available for your use? \_\_\_\_\_

I understand (a) **That I shall receive a period of training** \_\_\_\_\_

(b) **That I shall not be accepted as a missionary if I don't take the entire training** \_\_\_\_\_

(c) **My final and complete acceptance depends on my deportment, ability, teachability, cooperation and zeal, as shown during the training period** \_\_\_\_\_

(d) **I will promptly turn in to Child Evangelism Fellowship any money that is given for my support for a proper receipt to be sent** \_\_\_\_\_

Revised 2/3/16



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(e) I agree with and will uphold CEF's position as explained in the Doctrinal Protection Policy.

(f) I have read and can sign the enclosed Statement of Faith. \_\_\_\_\_ (provided later)

(g) I will complete the volunteer screening process in accordance with CEF's Child Protection Policy

\_\_\_\_\_  
Signature \_\_\_\_\_

## CHURCH/WORK BACKGROUND AND EXPERIENCE

Church Affiliation \_\_\_\_\_

Complete Church Address: \_\_\_\_\_

Personal References (Include any present or recent employer, S.S. teacher, etc.) **MUST HAVE 3**

(Note: Please list adult references who can give insight into your strengths and weaknesses. Only 1 relative please.)

Name	Address (mail or e-mail, whichever they prefer)	Phone (Include Area Code)
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1. Pastor \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## CHRISTIAN BACKGROUND AND EXPERIENCE

1. Describe your devotional life. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you still live at home, what are your responsibilities there? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What responsibilities do you have at church? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do others see the difference Christ has made in your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL TESTIMONY

1. Describe when and where you were saved (made a conscious decision to receive Christ as Savior) in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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2. Describe any other Christian experience you think will be helpful for us to know (dedication of your life to God's service, lessons learned through trials, ministry opportunities not already listed, etc.)

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3. Describe why you are interested in the evangelization of children.

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4. If you have worked with CEF before, please tell when and where.

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I understand that any intentional misrepresentation(s) made on any part of this application or any poor conduct on my part during the time I may be working with Child Evangelism Fellowship, will be grounds for my immediate dismissal, including forfeiture of all remaining support monies which have been sent to Child Evangelism Fellowship in my name.

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

Parent or Guardian Signature to same \_\_\_\_\_ Date \_\_\_\_\_

### PARENTAL/GUARDIAN PERMISSION

I hereby give \_\_\_\_\_ permission to serve as a missionary with  
*(Student's name)*

Child Evangelism Fellowship of New York State.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMPLETED APPLICATION

**Please enclose the \$100 non-refundable registration fee with this application.** The balance of the training cost is due before arrival at training.

Please return this form (pages 1-6) no later than **May 31, 2016** (health forms completed later)

To: Child Evangelism Fellowship

c/o Jeff Michaels

PO Box 64

Union Hill, NY 14563

Revised 2/2/15



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**Child Evangelism Fellowship  
of the Empire State, Inc.**

**PERMISSION AND RELEASE FORM**

To be notarized and returned with the application

I have read the Christian Youth In Action (CYIA) rules and understand and do certify that Child Evangelism Fellowship of the Empire state, Inc. and/or its state coordinator and/or the local directors and supervisors have our/my permission for our son/daughter/me,

\_\_\_\_\_ to attend the CYIA training institute of CEF  
*(Full legal name)*  
of the Empire State and to participate in the summer of ministry following the training institute.

I also release Child Evangelism Fellowship of the Empire State, Inc. and/or its state coordinator, and/or any local director or supervisor or their agents from any liability for any accident, sickness, or death that may be incurred by our son/daughter/me while traveling to or from, or while attending the training, or while involved in traveling and teaching in the summer ministry.

Furthermore, any of the above-mentioned have our/my permission to take our child/me to the doctor for medical treatment, emergency surgery, or hospitalization if the need arises. We/I assume the responsibility of all medical bills for our child/myself. Should it be necessary for our son/daughter/me to return home due to disciplinary action or for medical reasons, we/I will assume total transportation cost.

Parent's phone (\_\_\_\_\_) \_\_\_\_\_ Pastor's phone (\_\_\_\_\_) \_\_\_\_\_

Parent or Legal Guardian's signature \_\_\_\_\_

Missionary's signature \_\_\_\_\_  
*(If of legal age [18 or older])*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My commission expires: \_\_\_\_\_  
*Notary Public*



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PO Box 64, Union Hill, NY 14563

**CHILD EVANGELISM FELLOWSHIP®**  
**Finger Lakes Area Chapter**  
**Jeff Michaels, Local Director**  
**PO Box 64**  
**Union Hill, NY 14563**

**MISSIONARY AGREEMENT**

I understand that my acceptance as a missionary with Child Evangelism Fellowship of the Empire State depends upon successful completion of the CYIA® Training of the Empire State, and the recommendation of my instructors. Successful completion depends on my deportment, ability, teachability, cooperation, and zeal, as shown during the training period.

I have read and agree to uphold the standards and rules (set forth on pages 1a-3a) throughout the entire institute time until I have completed my time there and leave the grounds.

I will complete all assignments given to me by my director before training begins and I will place special emphasis on allowing God to use the scriptures to transform my heart.

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*(Signature of Missionary Candidate)*

Revised 2/3/16



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## Doctrinal Protection Policy

Adopted by CEF International Board of Trustees May 6, 2002.

***Child Evangelism Fellowship® continues in its commitment to its Statement of Faith, which embodies the non-negotiable and historic beliefs of evangelical Christians.***

Within the community of evangelical believers various distinctives exist which do not prevent our fellowship in the Lord and our effectiveness as child evangelists.

We therefore resolve that *CEF®* workers are qualified by their unreserved commitment to CEF’s Statement of Faith and their further commitment in all *CEF* activities to refrain from teaching or otherwise advocating doctrinal distinctives either contrary to or in addition to the Statement of Faith.

## Child Evangelism Fellowship Worker’s Compliance Agreement

Recognizing the spiritual need of boys and girls in our community and around the world, I would like to assist in the work of *Child Evangelism Fellowship (CEF)*.

I understand that *CEF* is without specific denominational affiliation, and have read the Statement of Faith and *CEF* Doctrinal Protection Policy. In becoming a coworker with *CEF*, and in order to protect the ministry, I agree not to propagate or practice in *CEF* ministries any distinctive or controversial doctrines, methods and practices that would go beyond the *CEF* Statement of Faith and the approved *CEF* curriculum. These would include but not be limited to such things as modes of baptism, alteration of the Gospel message, speaking in tongues, interpretation of Scripture by experience, healing on demand, etc. I understand that anyone who does not adhere to this agreement cannot serve with *CEF* as paid staff or volunteer.

In teaching Bible lessons in core *CEF* programs I will use exclusively materials approved by *CEF*.

In offering my services I trust the Lord to make me a faithful servant, and should problems arise between *CEF* and me that cannot be fully reconciled, I will quietly withdraw to preserve the harmony essential to having an effective Christian witness.

By signing below, I indicate:

- a) My agreement with the Statement of Faith and that
- b) I will abide by the above Worker’s Compliance Agreement, and that
- c) I will abide by the policies of CEF as long as I am actively involved.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Church Affiliation \_\_\_\_\_