



CYIA™ APPLICATION
for CEF® of PA Inc., Southwest Chapter

Date _____ (PLEASE PRINT PLAINLY) Social Security No. _____

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

Name _____ Mr. ☐ Miss ☐ Mrs. ☐
Last First Middle

Present Address _____
No. Street City State Zip

Birthday ____/____/____
Mo Day Year

Will you be 13 years of age or above by June 1st of this year? Yes ☐ No ☐

If you are under 18 years of age by June 1st and employed by CEF® for the summer, can you provide a work permit? Yes ☐ No ☐

How did you become interested in Child Evangelism Fellowship? _____

Present Occupation _____

Emergency Contact _____ Relationship _____
Parent/Guardian

Address _____

Emergency Telephone Number _____
Area Code/Number

PERSONAL TESTIMONY

Write out your testimony on a separate paper and attach it to this application. Explain the **scriptural basis** for your salvation, **when and where** you were saved, other Christian experiences and **why** you are interested in working as a summer missionary with CEF.

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			
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? _____

EMPLOYMENT POLICY

I understand and acknowledge that, unless otherwise defined by applicable law, Child Evangelism Fellowship of Pennsylvania, Inc. follows an "employment at will" policy, in that any employment is for an indefinite period and may be terminated by either the employee or the employer at any time, with or without notice and with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is approved by the State Board of Child Evangelism Fellowship of Pennsylvania, Inc., and acknowledged in writing by the chairman of this organization.

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

PERMISSION FORM FOR PICTURES

I, _____, give permission for my voice and/or image to be used for promotional and publicity purposes.

Student's Signature

Parent's Signature

CEF IS AN EQUAL OPPORTUNITY EMPLOYER.

We consider applicants for all positions without regard to color, national origin, disability or veteran status.