



Since 1937

**CEF**  
CHILD EVANGELISM  
FELLOWSHIP®  
*Reaching children worldwide®*

**cyia**™  
CHRISTIAN YOUTH IN ACTION

**CYIA™ APPLICATION**  
**(CEF® of Northern Virginia)**

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

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

If you are under 18 years of age by June 1<sup>st</sup> 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 of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary / Middle		X					<input type="checkbox"/> Yes	X
							<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? \_\_\_\_\_

**EMPLOYMENT POLICY**

I understand and acknowledge that, unless otherwise defined by applicable law, Child Evangelism Fellowship of VA Inc., Northern Virginia chapter 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 VA Inc., Northern Virginia chapter 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, gender, national origin, disability or veteran status.