



# CYIA 2020 APPLICATION

CYIA 2020  
Sunday, June 21 – Thursday, July 2  
Grace Christian University

COST: \$350

If paid in full by May 15, cost is \$325

Please send this application and a \$50 application fee to:

CYIA Registrar  
4215 W. Mt. Hope Hwy  
Lansing, MI 48917

Or scan and email to [cyiacefmi4301@gmail.com](mailto:cyiacefmi4301@gmail.com)

DUE MAY 15, 2020

Balance is due at CYIA Registration on June 21

\*\*\*Talk to your local CEF worker to learn ways to help pay for the cost of training.\*\*\*

This application can be downloaded at [cefmi.com](http://cefmi.com). Click on the “Training” tab, then CYIA, OR find the online application using the following link:

**<https://forms.gle/JzNW7onG9saCQpRu5>**

Reference Form via googleforms:

<https://goo.gl/forms/9cgPFrXxqyWLOEI93>

# CYIA Application

**Deadline for submission is May 15, 2020**

**PLEASE PRINT LEGIBLY IN INK. ALL INFORMATION IS HANDLED AS CONFIDENTIAL.**

My local CEF chapter/worker is \_\_\_\_\_

**Personal Data**

Name (as you want it on your commissioning certificate):

\_\_\_\_\_ Circle: \_\_\_ M or \_\_\_ F  
First:                      Middle Initial                      Last

Name you want on your CYIA name tag: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

T-Shirt size (choose one): Adult Sizes  
                    \_\_\_\_ Small                      \_\_\_\_ Medium                      \_\_\_\_ Large  
                    \_\_\_\_ X-Large                      \_\_\_\_ XX-large                      \_\_\_\_ XXX -large

**Parent/Guardian**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Information needed if different than above)

Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Notice of Non-Discriminatory Policy**

*Child Evangelism Fellowship® admits students of any race, color, ethnic origin, and nationality to all privileges, programs, and activities available through our training programs.*

**Personal References**

You must have 2 people fill out a reference form for you – 1 from a non-relative pastor, youth pastor, or spiritual leader; the second by a non-relative adult friend. .

Please write the name and contact information for the two people you are asking to be references for you.

Pastor/Spiritual Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Adult Friend (non-related): \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Two forms are included with this application that you can give these two people. The forms can also be filled out online using this link: <https://goo.gl/forms/zZ6n7ADqYFAoTIni1> .

**Training Experience**

CYIA Experience: This is my \_\_\_1<sup>st</sup> year \_\_\_2<sup>nd</sup> year \_\_\_3<sup>rd</sup> year \_\_\_4+ year

I have successfully completed: \_\_\_TCE 1 \_\_\_TCE 2

I have worked with CEF in the past year in the following areas:

\_\_\_5-Day Clubs \_\_\_ Good News Club \_\_\_ Fair Ministry

**Acknowledgment Statement:**

I understand that completion of CYIA training does not guarantee that I will be accepted for service this summer. I understand that my attitude toward CYIA staff and fellow students does matter.

I understand that while I am at Grace Christian University for *CYIA*, I am under the authority of the Director of CYIA and all the staff. I understand that I am to follow the rules and guidelines that are outlined in the CYIA Student Guide.

Student Signature: \_\_\_\_\_

**Photograph Release**

I give absolute right and permission to use my photograph(s), likeness or image(s) in a publication, electronic media (e.g. video, Internet, CD), or other forms of promotional materials for *CEF*®. No payment will be made for the use of images taken or submitted by you. I release *CEF*®, their offices, employees, agents, designees, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

I hereby state I have read carefully and understand the foregoing and know the contents thereof, and I state my agreement with these legally binding agreements as my own free act.

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

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

A parent or guardian must also sign with and for a minor (under age 18).

**CYIA Registrar: Doug Hammar,  
Phone: 517.322.0001; Fax: 517.322.0060; cyiacefmi4301@gmail.com**

**Personal Testimony**

Please provide a written personal testimony in which you tell 1) when and where you received Jesus as your personal Savior and 2) how you know Jesus has saved you. **Returning students may share how the Lord has been working in your life over the past year.**

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Please write a brief summary of why you would like to attend Christian Youth In Action and how you plan to use the training you receive.

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## Medical History

Emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

1. When did you have your last tetanus shot? \_\_\_\_\_

2. Mark all that apply

\_\_\_\_ Anemic

\_\_\_\_ High blood pressure

\_\_\_\_ High blood sugar

\_\_\_\_ Low blood sugar

\_\_\_\_ Seizures If so, how often? \_\_\_\_\_

3. List all allergies, including drugs and food allergies. \_\_\_\_\_

4. List all medications you take, both prescription and non-prescription: \_\_\_\_\_

5. Do you have a disability or chronic ailment that limits your activity in any way? \_\_\_\_\_

6. Any special conditions of which we should know? (Food allergies, dyslexia, autism, other learning disabilities, etc) \_\_\_\_\_

## Medical Permission

I give permission for (student name) \_\_\_\_\_ to participate in activities with *Child Evangelism Fellowship*®. I will not hold *Child Evangelism Fellowship* and/or its representatives responsible for any injury, illness, or mishap that may occur to the above person.

I authorize the designated *CEF*® representative to sign consent for treatment and release of medical records, whenever required. This person may also sign for medical reimbursements, with my own insurance being primary coverage. (Applies to minors only.)

Birth date of student: (mm-dd-yyyy) \_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Phone number of family doctor: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured Person: \_\_\_\_\_

Relationship of insured to Student: \_\_\_\_\_

Phone number for insurance contact: (\_\_\_\_) \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant (if not a minor): \_\_\_\_\_ Date: \_\_\_\_\_



Child Evangelism Fellowship of MI  
4301 W. Mt. Hope Hwy  
Lansing, MI 48917  
517-322-2193

## Reference Form

This individual has applied to *Child Evangelism Fellowship*® as a summer worker and has chosen you as a reference. A personal recommendation gives insights that would be very helpful in determining the person's ability to perform his/her responsibilities. Please print and be candid and objective.

Name of Applicant \_\_\_\_\_

Name of Reference \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
  2. In what relationship do you know the applicant?      Pastor/Spiritual Leader      Non-relative adult friend
  3. How well do you know the applicant? (circle one)      Very Well      Well      Casually
  4. Is there any reason known to you why the applicant should not work with children?      Yes      No
- If yes, please comment \_\_\_\_\_

5. What is the applicant's attitude toward authority?      Excellent      Good      Average      Poor
6. What is the applicant's general outlook on life?      Positive Pos/Neg      Neg/Pos      Negative
7. Does the applicant work well with others?      Yes      No

If no, please comment \_\_\_\_\_

8. Are you aware of any unbiblical sexual tendency in the applicant?      Yes      No

If yes, please comment \_\_\_\_\_

9. What is the applicant's work ethic?      Dependable      Undependable
10. How would you rate the applicant's standards for Christian living?      Good      Average      Poor
11. How may we contact you if we have questions?

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position or occupation: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Typing your name on the signature line holds same authorization as your written signature)

Mail this reference to: CYIA Registrar  
4215 W Mount Hope Hwy  
Lansing MI 48917  
or fax to: 517.322.0060

**OR** go to <https://goo.gl/forms/9cgPFrXxqyWLOEI93> to fill out this form online.

**Due Date: May 15, 2020**

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 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Position or occupation: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Typing your name on the signature line holds same authorization as your written signature)

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**Due Date: May 15, 2020**

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 Phone: 517.322.0001; Fax: 517.322.0060; cyiacefmi4301@gmail.com**

## Finishing up

Once you have completed this application, there are still a few more things that need to be done.

1. Give a reference form to 2 people: Your non-relative pastor/youth leader AND a non-relative adult friend.

See your local CEF worker in order to:

2. Read the Child Protection Policy and complete the background check authorization application through Protect My Ministry. If you filled out the Protect My Ministry form online for CEF last year, YOU DO NOT NEED TO DO IT AGAIN!
3. Read and sign the CEF Statement of Faith and Worker's Compliance Agreement (R7).
4. Set up an interview for CYIA acceptance.

ALL of the documents can be found on the [cefmi.com](http://cefmi.com) website, under the CYIA tab or are available from your local CEF worker.

A letter of acceptance to CYIA is sent when all of the following have been received by the CYIA Registrar:

1. Completed Application
2. 2 references
3. Registration Fee
4. Notification from your local director that you have completed the Protect My Ministry form and have signed the CEF Statement of Faith and Workers Compliance Agreement form.

Once you have filled out this application, mail it to:

CYIA Registrar

CEF of MI, Capital Area Chapter

4215 W. Mt. Hope Hwy

Lansing, MI 48917

Or scan and email it to: [cyiacefmi4301@gmail.com](mailto:cyiacefmi4301@gmail.com)

Or fax it to: 517-322-0060

Thank you for submitting your application for CYIA. We look forward to seeing you in June.