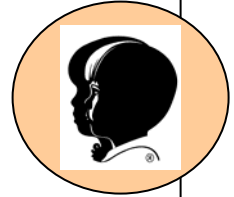


SUMMER MISSIONARY APPLICATION
CHILD EVANGELISM FELLOWSHIP® of MARYLAND, INC.
 2203 N. Rolling Road Windsor Mill, MD 21244
 Phone: 410-944-6435 Fax: 410-944-0005
 Email: cefofmd@juno.com



PERSONAL INFORMATION - Please print

- 1 Full Name: _____
- 2 Present Mailing Address: _____
- 3 Phone Number: () _____ At this address until _____
- 4 Permanent Mailing Address: _____
- 5 Phone Number: () _____ Email _____
- 6 Citizenship: _____ Social Security Number: _____ - _____ - _____
- 7 Are you over 13 years of age? _____
- 8 Name of parents or guardians _____
- 9 Address: _____
- 10 Are your parents/guardians in agreement with your missionary purpose? ____ If not, what is their objection? _____
- 11 How did you become interested in the summer missions program? _____

EDUCATION AND TRAINING

List below your education include high school and above

Name & Address of School	Date Entered	Date Left	Course Pursued	Degree, Certif. or hours completed

SPIRITUAL LIFE

- 1 Give approximate date of conversion. _____
- 2 With what denomination and or church are you connected? _____
- 3 How have you been involved in your local church? _____
- 4 Write a biographical sketch (on another sheet of paper) describing your Christian experience. You **must** include:
 - a) The basis of your salvation (give Scripture references)
 - b) Your spiritual growth since conversion
 - c) Your practices in prayer, Bible study, church attendance, fellowship and witnessing
 - d) Your Christian service
 - e) Your convictions regarding tobacco, drugs and alcohol
 - f) Your purpose for applying to the Summer Mission program
- 5 Are you willing to be involved in a ministry which may mean working with denominations other than your own, but which are in agreement with Child Evangelism Fellowship's Statement of Faith? _____
- 6 Are you in full agreement with the Child Evangelism Fellowship:
Statement of Faith _____
Doctrinal Protection Policy _____

EXPERIENCE:

- 1 Present Occupation: _____
- 2 Have you ever been arrested or convicted of child abuse? Have you ever been arrested or convicted of child abuse? _____ If yes, please explain on a separate sheet of paper.
- 3 Describe any training and experience you've had with Child Evangelism Fellowship. _____

- 4 Have you served as a CEF summer missionary? _____ Name, address & title of person under whom you served. _____
- 5 Describe any experience you've had in children's work in general. _____

- 6 Have you been used to lead a child to Christ? _____ Describe _____

MINISTRY

Have you considered the sacrifices involved in being a summer missionary this summer? It will involve: extra time taking away from other scheduled activities, additional time with the Lord to refresh yourself spiritually to be ready to teach the children, the weather may not always be the best, etc. _____

Have you applied to any other summer missionary programs? _____

If so, give names: _____

How do you expect to cover your expenses this summer? The cost for training school and summer travel will be \$625.00. _____

What weeks will you be available in addition to training school ?

If needed, would you be willing to serve in an area away from your home? ____yes ____no

Do you have a driver's license? _____ License # _____

Will you have a car available to drive this summer? _____ Describe _____

Are you willing to work under the direction of CEF missionaries and to accept and to perform assignments cheerfully? _____

Are you covered by health and accident insurance? _____

a) Company Name _____

b) Address _____

REFERENCES - Please ask the person you are putting down as references if they are willing to fill it out for you before you give them the reference forms to fill out.

	Name	Complete Address	Phone
Pastor			
Mature Adult			
Mature Adult			

Please feel free to give further details of matters not covered in this application.

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 _____

TRAINING SCHOOL INFORMATION

Sex: Male Female Date of Birth ____ / ____ / ____

Do you consider English to be your first language? Yes No

Marital Status: Single Married Divorced Widowed

Do you have any health conditions or physical challenges that would require special services?
 Yes No

If yes, please indicate the types of services you may need on a separate piece of paper.

I am willing to serve as a camp counselor during the second week of training __Yes __No

While attending the summer missionary training school, I agree to abide by regulations set forth in the standards of conduct and the dress code and to conform to its fundamental standards of honor. I realize that CEF may request the withdrawal of any trainee who, in the opinion of staff, does not abide by the regulations set forth.

Signature _____ Date _____