



CYIA 2021 APPLICATION

CYIA 2021
Sunday, June 20 – Friday, 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

DUE MAY 15, 2021

Balance is due at CYIA Registration on June 20

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

This application can be downloaded at cefuppermi.com. Click on the “Training” tab, then CYIA, OR find the online application using the following link:

<https://forms.gle/h6Wxhee9YFP84xqz6>

Reference Form via googleforms:

<https://forms.gle/PDTXRqoNNctkMZL6>

***Due to COVID, CYIA 2020 was held in local chapters rather than all together at Grace Christian University. A decision will be made by March 30, 2021 if we need to do local CYIA again. The cost and the dates may vary if we cannot meet as planned at Grace.

CYIA Application

Deadline for submission is May 15, 2021

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://forms.gle/PDTXRqoNNCtkMZL6>

Training Experience

CYIA Experience: This is my ___1st year ___2nd year ___3rd 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.**

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.

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: _____



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://forms.gle/PDTXRqoNNCtkMZL6> to fill out this form online.

Due Date: May 15, 2021

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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 cefuppermi.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

Or fax it to: 517-322-0060

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