

Application Instructions

1. Complete the application completely.
2. Distribute the included reference forms. Your application cannot be processed until we have received these forms back from your references.
3. Submit the application fee of \$25. You may make checks payable to CEF Inc.
4. Read all the following policy forms:
 - a. Statement of Faith/Doctrinal Protection Policy
 - b. Child Protection Policy
5. Sign and return the following forms:
 - a. Background Check Authorization
 - b. Confidential Health Form
5. Set up a time for your director to meet with you and your parents to go over the summer plan.
6. Send a recent electronic photo of yourself. (This will be used for your prayer cards.)

Please submit all forms to

Child Evangelism Fellowship of South Dakota, Inc.
ATTN: Joel Cripe
PO Box 627
Huron, SD 57350

Fax: (605) 352-8311

Email: sdcefjoel@santel.net

Summer Schedule 2008 (and other odds & ends)

There is a post-training requirement to teach at least three 5-Day Clubs[®] upon returning to your home area. The State Office in Huron will help you set up these clubs.

Missionaries must work at least four weeks (12 clubs) during the summer before being considered eligible to receive a salary, **and are required to participate in the deputation (support raising) process in order to help meet the added expenses to the CEF[®] budget.** All salaries are based on the combination of age, CEF experience, and amount of ministry performed. Contact your CEF Director for more details.

CEF does **NOT** require missionaries to take salaries. Volunteers must teach at least three clubs (training requirement), but are not limited to that. Many teens around the country volunteer their entire summers reaching children for Christ through CEF.

Christian Youth In Action[®] (CYIA[®]) training (required) will be held June 1-7, 2008 at Pickerel Lake (northeast of Webster). Cost for training is \$275.

2008 Summer Missions Application

Child Evangelism Fellowship® of South Dakota, Inc.

Please submit all forms to

Child Evangelism Fellowship of SD Inc.
 ATTN: Joel D Cripe
 PO Box 627
 Huron, SD 57350
 Fax: (605) 352-8311
 Email: sdcefjoel@santel.net (Joel Cripe)
 Email: sdceffoffice@santel.net (Glenda Palmquist)

Application Deadline April 15, 2008

| | | | | |
|---|---|-----|----------------------------------|---|
| Legal Name (First, Middle, Last) | | Age | Date of Birth ____/____/____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Are you married? <input type="checkbox"/> No <input type="checkbox"/> Yes | T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | | Other languages spoken fluently? | |
| Have you received Christ as your Savior? | Do you believe children can be saved from sin? | | Social Security Number | |
| How did you learn about CEF Summer Missions? <input type="checkbox"/> Internet <input type="checkbox"/> CYIA <input type="checkbox"/> CEF Staff <input type="checkbox"/> A Friend _____ <input type="checkbox"/> Other _____ | | | | |
| Current Address | | | | |
| Address | | | Date address effective until | |
| City | State/Province | | ZIP/Postal Code | |
| Home Phone | Work Phone | | Cell Phone | |
| Email | Instant Messenger Name | | IM Service (AOL, MSN, Yahoo) | |
| Permanent Address | | | | |
| Address <input type="checkbox"/> Check if same as current address listed above. | | | | |
| City | State | | ZIP/Postal Code | |
| Parent / Guardian Contact | | | | |
| Name | Phone | | Email | |
| Education (List highest grade level completed first) | | | | |
| Name of Institution | Degree/Diploma | | Year Completed | |
| Name of Institution | Degree/Diploma | | Year Completed | |
| Other post high school courses | | | | |
| High School / City / State | | | High School Graduation Date | |

Personal History

Please answer the following questions carefully and **truthfully**. Failure to do so may result in denial of your application or dismissal from summer ministry. If you were involved in any of these areas, please provide a detailed explanation. Note: answering yes will not result in automatic disqualification for ministry.

Have you ever:

Been involved with tobacco products? No Yes
Been involved with alcohol? No Yes
Been involved with illegal drugs? No Yes
Been involved in gang-related activities? No Yes
Been suspended/expelled from school? No Yes
Served time in a detention center or jail? No Yes
Been convicted of a crime? No Yes
Been arrested or convicted of child abuse? No Yes
Been involved with a cult or the occult? No Yes

Had an eating disorder? No Yes
Had professional counseling? No Yes
Taken depression or behavioral medication? No Yes
Been sexually active within the last year? No Yes
Been pregnant or fathered a child? No Yes
Been involved in homosexual activities? No Yes
Intentionally inflicted harm on yourself? No Yes
Attempted suicide? No Yes
Looked at pornography in the last year? No Yes

If you answered "Yes" to any of the above, please give a complete explanation below.

Biographical Information

Briefly tell us how and when you became a Christian and about your present growth in Christ. Please include the following:

- The basis of your salvation—include Scriptural references
- Your practices in prayer and personal devotional life

Discuss your background of ministry experiences in church, para-church, and volunteer organizations. Please include descriptions of ministry to children.

Please explain how and why God is calling you to do summer missions with *CEF*. Include how you believe doing summer missions can help you reach your goals?

List and explain three of your strengths and three of your weaknesses.

CEF Ministry Experience

Describe your involvement with CEF and include time frame.

Training received from Child Evangelism Fellowship

- CYIA
- SUM
- OSM
- TCE Level 1
- TCE Level 2
- IOT Level 1
- IOT Level 2
- Training Classes / Seminars

References

Please provide **at least three** references (Pastor is required) and give the included reference forms to those you have selected to be your references. They should fax or mail their completed forms to our offices as soon as possible. Your application will be processed when all your reference forms have been received.

| | | | |
|--|-----------------|--|-------------|
| Pastor/Church Leader's Name | | Denomination | Church Name |
| Mailing Address | | City | |
| State/Province | ZIP/Postal Code | | Phone |
| School Official's Name | | Number of years/months they have known you | |
| Mailing Address | | City | |
| State/Province | ZIP/Postal Code | | Phone |
| Employer or Mature Adult's Name | | Number of years/months they have known you | |
| Mailing Address | | City | |
| State/Province | ZIP/Postal Code | | Phone |
| CEF Director's Name (If you do not know a director list a Sunday School teacher.) | | Number of years/months they have known you | |
| Mailing Address | | City | |
| State/Province | ZIP/Postal Code | | Phone |
| Adult Friend's Name | | Number of years/months they have known you | |
| Mailing Address | | City | |
| State/Province | ZIP/Postal Code | | Phone |
| Applicant's Full Name (Please print) | | Date | |
| Applicant's Signature | | | |
| (Signature of Parent or Legal Guardian required if applicant is under 18 years of age.) | | | |
| Parent or Legal Guardian's Signature | | Date | |