



Equipping the Next Generation to serve the Lord!

Effective training for young people to evangelize and disciple children in their local communities and beyond through *5-Day Clubs®* and other CEF ministries.

CYIA Commuter School

Date: June 16, 18-22, 2018

Training Location: Valley Church

10885 N Stelling Rd, Cupertino, CA

Cost: \$130.00 (Registration Fee)

+ \$80 (*5-Day Club Kit*)

(\$110.00 if paid registration is received by May 20th)

Registration deadline is June 7th

For more information, questions, & to turn in completed application
please contact your local CEF NorCal Office:

CEF NorCal, Silicon Valley

800 San Antonio Rd. Ste 5, Palo Alto, CA 94303

siliconvalley@cefnorcal.org

(650)306-0200



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide®



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Reaching Children Worldwide™

CEF NORCAL
CHRISTIAN YOUTH IN ACTION®
Commuter School 2018 APPLICATION FORM

NAME _____
Last First Middle

Name by which you prefer to be called (for your nametag) _____

ADDRESS _____
Number Street City State Zip

PHONE (Home) (_____) _____ (Cellphone) (_____) _____

SEX: **M** _____ **F** _____ BIRTHDATE ____/____/____ AGE _____ GRADE(fall) _____

YOUR EMAIL _____ FACEBOOK _____

PARENT/GUARDIAN _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT THAN YOURS) _____
Number Street City State Zip

THEIR PHONE (_____) _____ THEIR EMAIL _____

ANSWER YES OR NO TO THE FOLLOWING:

Have you received Jesus Christ as your own personal Savior? _____

Have you been a Christian for at least one year? _____

Are you growing in your spiritual life? _____

Do you believe children can be saved and should be given opportunity to receive Christ? _____

Do you believe God has called you to teach in ministry this summer? _____

Can you wholeheartedly, without reservation, sign the attached Statement of Faith and
Doctrinal Protection Policy? _____

Are you New to CYIA? _____

If returning as a student, have you taught Bible Lesson Missionary Story Both? _____

CHRISTIAN BACKGROUND AND EXPERIENCE

YOUR HOME CHURCH _____

ADDRESS _____
number street city state zip

PHONE (_____) _____ DENOMINATION _____

PASTOR _____

EXPERIENCE RECORD

List any special training and/or abilities (music, art, photography etc.) _____

What speaking experience have you had (school courses, appearances, etc.) _____

Have you taught Sunday school, VBS, *Good News Clubs®*, *5-Day Clubs®*, etc.? _____

What leadership experience have you had? (clubs, church activities, etc.) _____

GENERAL QUESTIONS

- Were you ever seriously ill for a prolonged period? (If yes, give full details on separate sheet.) _____
- Any food allergies? Please list them: _____
- How is your general health at this time? _____
- Are you presently on narcotics in any form? _____
- Are you be willing to work with another Christian young person as a team? _____
- If you already have a partner, please name: _____

SUMMER MINISTRY COMMITMENT

As part of your *Christian Youth In Action* training, CEF NorCal requires you to teach a minimum of **three 5-Day Clubs** or **2 Vacation Bible Schools (using CEF curriculum)** or **15 Good News Club sessions** after completing the *CYIA* training. By signing below, you agree to this commitment.

Please check the weeks and time in which you are committing to be available for *5-Day Clubs* and/or *Vacation Bible Schools*: (Please keep in mind that most *VBS* programs occur in the mornings)

Week	I'm available before noon	I'm available noon-3PM	I'm available after 3PM	I'm NOT available
June 25-29				
July 2-6				
July 9-13				
July 16-20				
July 23-27				
July 30-Aug 3				
Aug 6-10				

I, _____, commit to be available to serve in the weeks I have
(Please print your name)

checked as long as I am able. I understand I am responsible for my transportation

I understand that I am applying to receive training as a missionary for the purpose of sharing the Gospel with children in *CEF® Summer Ministry*. I understand that I will receive a certificate upon successful completion of the training and that I am expected to teach or help in at least **three 5-Day Clubs** or **two Vacation Bible Schools** after the training period.

CYIA applicant's signature date

Parent/Guardian's signature date

Printed name of Parent/Guardian

CEF NorCal, Silicon Valley

800 San Antonio Rd. Ste 5, Palo Alto, CA 94303
Phone and Fax: 650-306-0200 Email: siliconvalley@cefnorcal.org

Travel Waiver for Minors

Item number six of the *Child Evangelism Fellowship* (CEF®) USA Child Protection Policy fact sheet states “**Even when ministry to children is not taking place, an additional adult or minor must be present when two workers are together and one is a minor, unless the minor’s parent or guardian has signed a waiver.**”

I understand that there may be occasions when my child may be traveling from location to location in the company of only one adult of legal age.

Therefore, I, the parent or legal guardian of _____, a minor, *hereby waive* the above requirement for this minor and give my permission for him/her to travel and serve with *Child Evangelism Fellowship* without being accompanied by two or more adults at any given time.

Yes _____ No _____ (please initial one)

Liability Release

In the unlikely event that my child is injured while participating in any activities at *Christian Youth in Action*®, *5-Day Club*® and other official CEF activities, or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for CEF granting my child permission to participate in CEF activities, I hereby release Child Evangelism Fellowship of Northern California, its employees and volunteers from liability for injuries occurring in CEF activities.

I further acknowledge that my child is responsible to fasten his/her seatbelt and to abide by all traffic laws while involved in CEF activities or in route to such activities

Yes _____ No _____ (please initial one)

Model Release (Use of photographs)

I allow CEF to use photos of my child for promotional and advertising purposes (CEF does not sell rights to the photos): Yes _____ No _____ (please initial one)

Name of minor _____

Signature of parent or guardian _____ Date _____

Printed name of parent or guardian _____ Date _____

Address _____

City/State/Zip _____

Telephone _____ Email address _____

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CEF
CHILD EVANGELISM
FELLOWSHIP®
Since 1937 *Reaching children worldwide®*

CONFIDENTIAL SCREENING FORM

Child Evangelism Fellowship® Child Protection Policy

This screening form is to be completed by applicants for any position, paid or volunteer, involving CEF® ministries and will be used to help CEF provide a safe and secure environment for children. This is not an employment application. Anyone interested in employment with CEF will also need to complete an employment application form. **(Please print.)**

Date _____

NOTE: Please return this form in person, by mail or by fax. Do Not Email.

Applicant's Name (last, first, middle)		Sex	Date of Birth Mo. Day Year	
Social Security Number	Maiden Name	All Nicknames and Aliases		
Telephone ()		Email		
Present street address (Street, Apt #, City, State, Zip; PO Box not acceptable)			County	
Previous street addresses (for past five years)				
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain and give county and state of conviction.)				
Have you ever been accused of child abuse? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain.)				
(If completing form for five-year rescreening, skip this question.) Please explain briefly your salvation experience.				
(If completing form for five-year rescreening, skip this.) List any experience that has prepared you for children's ministries.				
(Skip for 5-year rescreening.) References (pastor or church leader, previous employer and personal [not a relative])				
NAME		NAME		
CHURCH		RELATIONSHIP		
ADDRESS		ADDRESS		
TELEPHONE ()		TELEPHONE ()		
E-MAIL		E-MAIL		
NAME		NAME		
RELATIONSHIP		RELATIONSHIP		
ADDRESS		ADDRESS		
TELEPHONE ()		TELEPHONE ()		
E-MAIL		E-MAIL		

Background Check Authorization

Release Authorization:

1. In connection with my future involvement as a staff member or a volunteer working with children, I understand that CEF[®] will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church or non-profit organization, reference, or insurance company contacted by CEF or its consumer reporting agency or its agents, to furnish the information described above.
4. I understand that if any of those records contains information which is used to deny my employment in *Child Evangelism Fellowship*[®], I will be notified of my rights and where I can obtain a copy of the information.

By signing below, you hereby release *Child Evangelism Fellowship* and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. You may be contacted as indicated below. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) they may have regarding my character and fitness for children's work. I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

As a volunteer or paid worker for Child Evangelism Fellowship Inc. I agree to abide by the Child Protection Policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

I have read the Child Protection Policy and viewed (www.cefonline.com/childprotection) or heard (866-878-4182) the "Protecting Today's Child" 11- minute presentation and agree to follow the policies and procedures in handling any child abuse situations that may arise.

I further state that I have read carefully the foregoing release and know the contents thereof. This is a legally binding agreement which I have read and understand.

Applicant's signature	(Print name)	Date
Parent's signature (if applicant is a minor)	(Print name)	Date
FOR OFFICE USE ONLY ↓		
<input type="checkbox"/> Identity confirmed with government issued photographic identification.		
Signature of witness to photographic identification	(Print name)	Date
All information acquired will be used within the Child Evangelism Fellowship organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.		
Please return all paperwork to the following address: 800 San Antonio Rd STE 5, Palo Alto, CA 95303		
Please note: A different form may be required by the reporting agency or state government agency you are using.		

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION
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In connection with my application for employment or to serve as a volunteer with Child Evangelism Fellowship®, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect My Ministry directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Signature Today's Date

Last Name First Name Middle Name / Initial

Home Address

City County State Zip

SSN D/L or State ID State Issued

E-Mail Address

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

Protect My Ministry, Inc.
14499 Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 800-319-5581 Fax: 800-319-5582
www.protectmyministry.com



Worker's Compliance Agreement

Child Evangelism Fellowship

Doctrinal Protection Policy - *Adopted by CEF International Board of Trustees, May 6, 2002*
 Child Evangelism Fellowship® continues in its commitment to its Statement of Faith, which embodies the non-negotiable and historic beliefs of evangelical Christians.

Within the community of evangelical believers various distinctives exist which do not prevent our fellowship in the Lord and our effectiveness as child evangelists.

We therefore resolve that CEF® workers are qualified by their unreserved commitment to CEF's Statement of Faith and their further commitment in all CEF activities to refrain from teaching or otherwise advocating doctrinal distinctives either contrary to or in addition to the Statement of Faith.

Recognizing the spiritual need of boys and girls in our community and around the world, I would like to assist in the work of *Child Evangelism Fellowship (CEF)*.

I understand that CEF is without specific denominational affiliation, and have read the Statement of Faith and CEF Doctrinal Protection Policy. In becoming a coworker with CEF, and in order to protect the ministry, I agree not to propagate or practice in CEF ministries any distinctive or controversial doctrines, methods and practices that would go beyond the CEF Statement of Faith and the approved CEF curriculum. These would include but not be limited to such things as modes of baptism, speaking in tongues, interpretation of Scripture by experience, healing on demand, etc. I understand that anyone who does not adhere to this agreement cannot serve with CEF as paid staff or volunteer.

In teaching Bible lessons in core CEF programs I will use exclusively materials approved by CEF.

In offering my services I trust the Lord to make me a faithful servant, and should problems arise between CEF and me that cannot be fully reconciled, I will quietly withdraw to preserve the harmony essential to having an effective Christian witness.

By signing below, I indicate:

- My agreement with the Statement of Faith, and that
- I will abide by the above Worker's Compliance Agreement, and that
- I will abide by the policies of CEF as long as I am actively involved.

(Only applicable in the USA):

- I have reviewed the Protecting Today's Child presentation (866-878-4182 or www.cefonline.com/childprotection) in the last 12 months.

To read an overview of all policies, see www.cefonline.com/usaorgmanual

To see a complete copy of all policies, contact your director.

Signed _____ Date _____

Print name _____ Church Affiliation _____

Street Address _____ City/State/Zip _____

Email _____ Telephone # _____