

**Child Evangelism Fellowship® of Washington**  
**2012 CYIA/JCYIA APPLICATION FORM**

**Chapter** \_\_\_\_\_

\_\_\_\_\_ Christian Youth in Action® (Age 14 by camp and entering 9th grade in the fall)  
\_\_\_\_\_ Junior Christian Youth in Action (Age 12 by camp and entering 7th grade in the fall)

1. Mr. / Miss \_\_\_\_\_ email address \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3. Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade in fall 2012 \_\_\_\_\_

4. Parent / Guardian \_\_\_\_\_

5. Parent / Guardian Address \_\_\_\_\_

6. How do you know you are saved from your sin? \_\_\_\_\_

\_\_\_\_\_

7. Are you growing in your spiritual life? Describe \_\_\_\_\_

\_\_\_\_\_

8. What do you believe about a child's need for salvation? \_\_\_\_\_

\_\_\_\_\_

9. Why do you want to attend CYIA/JCYIA training camp? \_\_\_\_\_

\_\_\_\_\_

10. Have you ever led a person to receive Jesus as Savior? \_\_\_\_\_

11. What experience have you had in speaking before a group? \_\_\_\_\_

\_\_\_\_\_

12. When and where have you worked with children? \_\_\_\_\_

\_\_\_\_\_

13. How many years of CYIA/JCYIA have you completed? \_\_\_\_\_

Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

14. Name of church that you attend \_\_\_\_\_

Church address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Pastors name \_\_\_\_\_ Phone \_\_\_\_\_

15. Polo shirt size s. \_\_\_ m. \_\_\_ l. \_\_\_ xl. \_\_\_ 2x. \_\_\_ 3x. \_\_\_

By signing below, I do hereby certify that to the best of my knowledge the information in this application is correct and truthful and I promise to do my best to adhere to the CYIA/JCYIA program and guidelines.

I understand that at CYIA/JCYIA multiple versions of the Bible and contemporary Christian music are used. \_\_ (please initial)

I am willing to work with Christian young people as a team teaching 5-Day Clubs® and will cooperate with my supervisor, the other trainees, the CYIA/JCYIA staff, and local director. I am willing to follow the rules and dress code of CYIA/JCYIA and understand that failure to do so will mean that I must leave CYIA/JCYIA camp.

**I agree to teach at least three 5-Day Clubs after camp or the equivalent as determined by my local CEF director.**

Applicant's Signature \_\_\_\_\_

RETURN THIS COMPLETED APPLICATION WITH THE NON - REFUNDABLE \$125.00 REGISTRATION FEE TO YOUR LOCAL DIRECTOR BEFORE MAY 1. THE BALANCE OF THE CAMP FEE IS DUE MAY 31.

SEND COMPLETED APPLICATION TO:

PLACE LABEL FOR  
LOCAL CHAPTER HERE

IF NO ADDRESS LABEL,  
PLEASE MAIL TO:

CEF OF WASHINGTON STATE  
P O BOX 561  
YAKIMA, WA 98907  
ATTN: JEFF KISER  
PHONE: (509)965-3616  
EMAIL: Jeff.Kiser@cefowa.com

Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

**At JCYIA/CYIA we have a goal which is to help you be as successful as possible. This information will help us determine who to team you up with at CYIA/JCYIA Camp.**

## **Please tell us about yourself.**

1. Have you ever told God you were a sinner and asked Him to save you from the punishment of your sin? When and how? How do you know you are saved?
2. Have you trusted completely and only in the blood of the Lord Jesus to save you from sin?
3. Why do you want to attend CYIA/JCYIA? Why do you think children should hear the Gospel.
4. Tell me about some of your friends. What are they like? What do you enjoy doing together?
5. What is the hardest thing for you at school? What things do you really enjoy about school?
6. Tell me about your family. What is your family life like?
7. What church activities do you enjoy?
8. At CYIA/JCYIA functions we use multiple versions of the Bible and contemporary Christian music. Are you comfortable with this?
9. How do you feel about prayer? Is it a priority to you? How often do you pray? Do you feel God cares about your prayers and answers them?
10. Tell me about your devotional life. Do you spend time every day in God's Word? How do you do that – through a devotional book, online, just reading your Bible, etc.? What do you enjoy about it? How do you wish it was different?

Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

11. What has God taught you recently from His Word?
12. What do you enjoy doing in your spare time?
13. How often are you online? What are some of your favorite sites?  
\_\_\_\_\_ Facebook    \_\_\_\_\_ Twitter    \_\_\_\_\_ Other \_\_\_\_\_
14. (Show the teen a schedule of what each day will be like at CYIA/JCYIA and what they will be required to do.) Does this look like something you want to do?
15. How do you learn best? (listening, writing, speaking, doing)
16. When I am learning things the best way to help me would be:
17. When I am having a hard time grasping a concept the best way to help me is:
18. I consider myself a self-starter or a crammer:
19. What are a couple hard things for you to accept in others?
20. What do you like about school homework? Or what do you hate about it?
21. Which of the following parts of a club would be your favorite to do: Telling the Bible story; leading singing; organizing; playing games; enthusiastically motivating the children to do something.
22. When I have free time I like to:
23. A high point or time in my life is:
24. A low point or time in my life is:

Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

# Camp Medical Release Form

Complete and return **before** your child's camp program.

One form per child/supervisor is required to participate in camp.

The information on this form is not part of the camper or staff acceptance process but is gathered to assist us in identifying appropriate care. All information will be held in strict confidence. Provide complete information so that the staff can be aware of your or your child's needs. Any changes to this form should be submitted to camp personnel upon participant's arrival in camp.

Camper's- First Name _____	Last Name _____
Birth date _____	Grade Entering _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Address _____	
City _____	State _____ Zip Code _____
Parents'/Guardians' - First Name _____	Last Name _____
Address _____	Cell # _____
(If different from above)	
Email _____	Home # _____
Parents'/Guardians'/Emergency contact- First Name _____	Last Name _____
Address _____	Cell # _____
(If different from above)	
Email _____	Home # _____
Emergency contact- First Name _____	Last Name _____
Address _____	Cell # _____
(If different from above)	
Relationship _____	Home # _____

## Important—This box must be completed for attendance

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless Child Evangelism Fellowship, its staff and appointed assistants. I, also understand and agree to abide by any restrictions placed on my participation in camp activities.

Parent/Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Child Evangelism Fellowship to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Special needs**— List any which the staff should be aware of (medical, emotional, learning) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**- Include medication, food and others (insect stings, hay fever, asthma, animal dander, etc.)  
List all known \_\_\_\_\_ Describe reaction and management of the reaction  
\_\_\_\_\_.(ie. Penicillin/ rash)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions** (The following restrictions apply to this individual). \_ Kosher \_ Vegetarian  
Does not eat:  Meat  Pork  Dairy products  Wheat  Peanuts  Eggs  Other \_\_\_\_\_  
\_\_\_\_\_

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

### **Model Release**

I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs of me, without reservation or limitation, including use of photographs of me for advertising and promotional purposes.

*Please print clearly.*

Model's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature of model, parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Print Name \_\_\_\_\_

Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

### Waiver for Minors

The *Child Evangelism Fellowship* (CEF®) USA Child Protection Policy 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 and/or serving 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 participate in the ministries of *Child Evangelism Fellowship* without the presence of an additional adult or minor.

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

Printed name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Trainee Name \_\_\_\_\_ Chapter \_\_\_\_\_

## July 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u> Independence Day	<u>5</u>	<u>6</u>	<u>7</u>
<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>
<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>
<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>
<u>29</u>	<u>30</u>	<u>31</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Created at [www.FreePrintableCalendar.net](http://www.FreePrintableCalendar.net)

## August 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>29</u>	<u>30</u>	<u>31</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>
<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u>1</u>

Created at [www.FreePrintableCalendar.net](http://www.FreePrintableCalendar.net)

Please circle the week(s) and write in the times you are available to teach 5-Day Clubs in the margin so we can schedule clubs according to fulfill your club teaching commitment. By signing below I am agreeing to be available to teach as indicated.

Applicant's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_