



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

# Summer Missions Application

**Part A**

Please Print

**PERSONAL INFORMATION:**

Full name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Street City Province Postal Code

Phone Number: \_\_\_\_/\_\_\_\_ At this address until \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Street City Province Postal Code

Phone Number: \_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_

Email \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_

Name of parents or guardians \_\_\_\_\_

Address: \_\_\_\_\_

Are your parents/guardians in sympathy with your missionary purpose? \_\_\_\_\_ If not, what is their objection? \_\_\_\_\_

How did you become interested in the OSM program? \_\_\_\_\_

**EDUCATION AND TRAINING**

List below your schooling, including high school, college, Bible institute, seminary, or any special school

Name and Address of School	Date Entered	Date Left	Course Pursued	Degree, Certificate, or hours completed

**SPIRITUAL LIFE:**

Give approximate date of conversion: \_\_\_\_\_

With what denomination and/or local church are you connected? \_\_\_\_\_

How have you been involved in your local church? \_\_\_\_\_

Write a biographical sketch (on another sheet of paper) describing your Christian experience. You must include:

- 1) the basis of your salvation (give Scripture references)
- 2) your spiritual growth since conversion
- 3) your practices in prayer, Bible study, church attendance, fellowship and witnessing
- 4) your Christian service
- 5) your convictions regarding tobacco, drugs and alcohol
- 6) your purpose for applying to the OSM program

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"? \_\_\_\_\_

Please read the "Statement of Faith", Worker's Compliance Agreement and the Lifestyle Agreement and indicate your agreement by signing the form and returning it with this application.

**EXPERIENCE:**

Present occupation: \_\_\_\_\_  
(If employed, give name of employer; if student, school and year expecting to graduate)

Have you ever been arrested or convicted of child abuse? \_\_\_\_\_ If yes, please explain on a separate sheet of paper.

Describe any training and experience you've had in Child Evangelism Fellowship. \_\_\_\_\_

\_\_\_\_\_

Have you served as a CEF® summer missionary? \_\_\_\_\_ Name, address and title of person under whom you served: \_\_\_\_\_

Describe any experience you've had in working with children: \_\_\_\_\_

\_\_\_\_\_

Have you been used to lead a child to Christ? \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MINISTRY:**

Have you duly considered the sacrifices involved in being a summer missionary this summer? \_\_\_\_\_

Have you applied to any other summer missionary program? \_\_\_\_\_

If so, give name(s) \_\_\_\_\_

How do you expect to cover your expenses this summer? \_\_\_\_\_

For what period of time would you be available? (Give specific months and days) \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ License # \_\_\_\_\_

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

Are you covered by health and accident insurance? \_\_\_\_\_

Name \_\_\_\_\_

Address of company \_\_\_\_\_ Policy Number \_\_\_\_\_

**REFERENCES**

	<b>Name</b>	<b>Complete Address</b>	<b>Phone</b>
<b>Pastor/Church Leader</b>			
<b>CEF Worker/Church Leader</b>			
<b>Adult Friend</b>			

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

I understand that Child Evangelism Fellowship of Canada 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

Return this application to:

<p><b>Brenda Hanson</b>  <b>Child Evangelism Fellowship of Canada</b>  <b>PO Box 165 Station Main</b>  <b>Winnipeg, MB R3C 2G9</b></p>
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**Part B**

**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

Do you have any health conditions or physical challenges that would require special services?  Yes  No  
If yes, please indicate types of services you may need on a separate piece of paper.

While attending the OSM 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 the staff, does not abide by the regulations set forth.

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