



## Returnee Employment Application for Child Evangelism Fellowship® of Illinois, Inc.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: --- \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Facebook: \_\_\_\_\_

Are you a citizen of the United States? YES NO   If no, are you authorized to work in the U.S.? YES NO

Name of Parents/Guardians: \_\_\_\_\_

Local Church: \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Have you received or are under treatment for any illness in the past 2 years? If so, what? \_\_\_\_\_

Do you require special medical attention? If so, explain \_\_\_\_\_

Do you have any physical limitations? If so, explain. \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Spiritual Life

Write a biographical sketch (on a separate sheet of paper) describing your Christian experience following your previous summer of service.

You must include:

- 1) Spiritual Growth
- 2) Practices of prayer
- 3) Bible study
- 4) Witnessing
- 5) Christian Service
- 6) Your convictions regarding tobacco, drugs and alcohol  
Have you used tobacco, alcohol, or drugs at any time in the past year?  
If yes, please explain.

## Ministry

Will you cheerfully follow the directions of those who may be over you in the Lord? \_\_\_\_\_

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

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

Will you have a car available to drive this summer? Describe: \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

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

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that Child Evangelism Fellowship 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.*

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

## Training School Information

Full Name: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender (circle one): Male Female

Do you consider English your first language?

Marital Status: Single Married Divorced

T-Shirt Size: Small Medium Large Extra Large

Do you have any health conditions or physical challenges which would require special services? \_\_\_\_\_  
If yes, please indicate types of services you may need on a separate piece of paper.

While attending the CYIA 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: \_\_\_\_\_