



Christian Youth in Action® Missouri Application 2024 Returning CYIA Student

RETURNING CYIA STUDENT

First _____ Middle _____ Last _____

Gender: Male ___ Female ___

School Name _____ Grade _____ Birth date ____/____/____ Age _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____

T-Shirt Size (please circle one) Sizes: S M L XL 1XL 2XL 3XL

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2: First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell phone _____

E-mail _____



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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Education and Training

High School _____ Address _____

From: _____ To: _____ Did you graduate? Yes No Diploma _____

College _____ Address _____

From: _____ To: _____ Did you graduate? Yes No Diploma _____

References: Please list three professional references

Full Name: _____

Church: _____

Address: _____

Relationship: **Pastor**

Phone: _____

Email: _____

Full Name: _____

Church: _____

Address: _____

Relationship: **CEF Worker/Mature Adult**

Phone: _____

Email: _____



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References:

Full Name: _____

Church: _____

Address: _____

Relationship: **Mature Adult**

Phone: _____

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.

Experience

Present Occupation: _____

(If employed, give name of employer; if student, give school and year expecting to graduate.)

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

Have you served as a CEF Summer Missionary? YES NO

Name, address, and title of person under whom you've served: _____

Describe any training and experience you've had with Child Evangelism Fellowship: _____

Describe any training you have had in general: _____

Have you been used to lead a child to Christ? _____ If so explain _____

I understand that I am expected to attend a CYIA™ per-training with my local CEF Chapter prior to CYIA. The date for this pre-training will be on May 18th from 9:00 am – 3:30 pm.

(Please initial) Trainee: _____ Parent/Guardian: _____

I agree to teach/assist at least two weeks of 5-Day Clubs after CYIA training is completed or the equivalent as determined by my local CEF director. Trainee: _____ Parent/Guardian: _____

COMPLETE A BACKGROUND CHECK by going to cefmissouri.org selecting Volunteer and then selecting New Volunteer and complete all requirements



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Deposit/Tuition for Training school & payment policies:

DEPOSIT FEE of \$50.00 must accompany this application and is non-refundable. The remaining \$350.00 for training will be due by **May 29, 2024.**

CYIA TRAINING SCHOOL PARTICIPANT AGREEMENT

I, the undersigned parent, hereby release discharge, indemnify, hold harmless and defend CEF of Missouri, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the CEF OF MISSOURI CYIA TRAINING SCHOOL. In the event of any medical emergency, I authorize and consent to act on behalf for medical care deemed necessary for the participant.

I have read and understand the CYIA Code of Conduct. I agree to follow this Code as I participate at CYIA and in other CEF activities.

Applicant Name _____

Applicant Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Code of Conduct CYIA of Missouri

The following rules are designed to help us live well in a close community setting while at Training School and back in your local chapter. At all times conduct should put others first and also bring honor and glory to the Lord Jesus Christ. Failure to adhere to the Code of Conduct may result in disciplinary action including being sent home from CYIA Training School if needed. Following these rules will help our time at Training School to go as smoothly as possible for everyone!

Generally speaking, the following attitudes should be representative of your words and actions...

- Respect for authority and those living in proximity to you
- Punctuality related to classes, meals, practice times, etc
- Cleanliness both in your living space and related to the grounds in general
- Honesty in your conversations and interactions with others
- Diligence both in your quiet time and in your studies

The following specific rules should also be followed...

1. **Dress Code:** The dress code must be followed at all times. Anyone in a leadership position can ask you to change if needed. See your local staff member if you have questions about what is acceptable.
2. **Dorms:** Each person is responsible to keep his or her belongings neatly organized. Routine room checks will take place. Belongings of others are off limits. Valuables should be kept on your person. We cannot be responsible for missing property. Guys are not allowed in girls' dorms and vice versa.
3. **Classes:** Everyone is expected to attend all sessions unless granted permission by the Director of Training to miss a class. Please bring all materials with you to classes. Tardiness is not allowed. Complete all required assignments.
4. **Study times:** This time is to be spent in study and doing assignments. Be sure that your method of studying does not cause distraction to those around you.
5. **Grounds:** Do not leave the grounds except for supervised activities. When going to 5-Day Club or Open-Air ministry, you will be assigned a car and driver. You must remain in the same vehicle.
6. **Relationships:** Friendships with Christians of the opposite sex are beneficial in social, spiritual and leadership development. Therefore, you may talk, walk, sit, and eat with members of the opposite sex, but at no time will any "pairing-off" with them be acceptable.
7. **Electronics:** Cell phones are only allowed during Recreation Time in the afternoon and in the evening.
8. **Medications:** All prescription drugs are to be kept by the nurse. You will be responsible to get your medicine from her at the designated times. Attend all meals and be on time.
9. **Name tags:** Wear YOUR name tag at all times (other than recreation)

Christian Youth In Action® Medical Questionnaire

(To be filled out by parent or guardian if the applicant is under 19)

Name of Applicant: _____ Age: _____ Date _____

Medical Coverage for Applicant

Name of Insurance Company _____ Policy #: _____

Address of Company _____

Note: CYIA™ Students are covered by accident insurance while at CYIA Training.

Date of last tetanus shot: _____

Is the applicant subject to:	Yes	No	Has the applicant had:	Yes	No
Asthma			Chicken Pox		
Hay Fever			Rheumatic Fever		
Epilepsy			Mumps		
Food allergies List:			Rubella (German Measles)		
Allergies to medications List:			Measles		
Other allergies (flowers, grasses, etc.) List:			Serious reaction to bee stings		

Note: If a participant has serious reactions to food or insect bites that require an Epi-Pen, please send it with your student.

Does the applicant have: (Circle answer) **Diabetes:** Yes / No **Hypoglycemia:** Yes / No

Special Diet: Yes / No If so, what is it? _____

Has the applicant had any illness requiring a visit to the doctor or hospital in the last 3 months? Yes / NO

If so, what was the health problem? _____

The nurse carries the following stock items. Please mark any you **do not** want your child to receive.

Aleve/Naproxen	Ibuprofen	Tylenol	Tribiotic Ointment
Benadryl	Tylenol Sinus	Cough Elixir	Cough Drops
Imodium	Mylanta	Pepto-Bismol	Tums
Orajel	Tears	Acetaminophen	Antacid Chews

Please send prescription drugs in the original container with proper dosage and usage inscribed. Mark the student's name with a permanent pen on all inhalers.

Please list any prescription drugs being brought by the applicant:

Name of Medication:	What it is for:	Dosage:

I understand that if the applicant is sick for over 36 hours, I will have to arrange for transportation home. In case of a medical emergency, I hereby give permission to the physician selected by the school nurse to secure proper treatment for my child as named on this form. (You will be notified as soon as possible in case of serious injury or illness.)

Signature of parent or guardian _____ Phone (____) _____

Address _____ City/State/Zip _____

If unable to notify me in case of an emergency, please contact:

Name (please print) _____ - _____

Relationship _____ Phone (____) _____ - _____

Medical Insurance Disclaimer

(Please use pen and print)

Only sign this if you are **not covered by any health insurance**

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I do not have medical insurance and will not hold Child Evangelism Fellowship® and/or any of their departments, partnerships, churches, officer, volunteers, agents, employees, and affiliates responsible for covering any expenses incurred due to accident, injury, or illness.

Applicant's Signature: _____

Applicant's Name: _____

Applicant's Number: _____

Home Phone: _____

Cell: _____

Date: _____