



# Christian Youth in Action® Missouri Application 2024

## 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 \_\_\_\_\_



**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: \_\_\_\_\_

**References:**

Full Name: \_\_\_\_\_  
Church: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: **Mature Adult**  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**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? \_\_\_\_\_

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? \_\_\_\_\_

Are you in full agreement with the Child Evangelism Fellowship:

Statement of Faith? YES  NO

Doctrinal Protection Policy? YES  NO

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

- 1) The basis of your salvation
- 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 CYIA program

**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: \_\_\_\_\_



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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 18<sup>th</sup> 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](http://cefmissouri.org) selecting Volunteer and then selecting New Volunteer and complete all requirements

**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.

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

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: \_\_\_\_\_