



**2012 CHRISTIAN YOUTH IN ACTION® (CYIA™) INFORMATION**

DATE	TRAINING CENTER	LOCATION	REGISTRAR
June 9, 11-15, 2012	Bay Area Commuter School	Valley Church, Cupertino	Jeanne Stenfort: 650-941-9536
June 16-22, 2012	Redding Area Camp	Mt. Meadows Camp, Shingletown	Sharon Baldivid: 510-429-1895

All students must complete the application form (available from your local CEF® director or the address above), sign the "Statement of Faith/Doctrinal Protection Policy", read and complete the Child Protection Policy information, health and transportation waivers and submit all paperwork to their local CEF director for approval. Each student must purchase and read through the **"KNOWING CHRIST" 5-Day Club®** kit **prior** to the training. All students must memorize the following verses in the King James or New International Version. You are required to **recite them at registration!**

**John 10:11    JOHN 6:35    JOHN 11:25    JOHN 8:12    JOHN 14:6**

**COMMUTER  
REGISTRATION**

**SATURDAY, JUNE 9** at 9:00 a.m. To register, students must meet the same requirements as for camp. Commuter students will attend class Saturday, June 9 from 9:00 a.m. to 4:00 p.m. and Monday – Friday, June 11-15 from 8:30 a.m. to 5:00 p.m. There will be daily homework assignments. Students should bring a bag lunch. Housing in private homes can be arranged, if needed. Graduation dinner is from 5:30-7:30 p.m. on Friday.

**COMMUTER  
COST**

**\$100.00 per student**—there is a **\$10 discount (\$90)**, if application is postmarked by **May 26, 2012**. A \$10.00 nonrefundable deposit must accompany application. **The balance is due June 4, 2011.** All fees must be paid in full prior to training.

**CAMP  
REGISTRATION**

Students should arrive between 10:30 a.m. and Noon, **SATURDAY, JUNE 16** at Mt. Meadows Christian Camp. Students are provided with room and food in a camp setting. To register, students must have: submitted all paperwork by deadline, purchased and reviewed the **"KNOWING CHRIST" 5-Day Club** kit, completed the study questions sent with letter of acceptance and memorized the verses above. (They must be recited at registration.)

**CAMP  
COST**

**\$235.00 per student**—there is a **\$25 discount (\$210)**, if application is postmarked by **MAY 5, 2012**. A nonrefundable \$25.00 deposit must accompany application. **The balance is due June 1, 2012.** All fees must be paid in full prior to camp. **No applications will be accepted after 6/1/12.**

**SCHOLARSHIP  
MISSIONARIES**

College and high school students can receive matching-fund scholarships for 6 weeks of full-time summer service. Check with your local director for complete details.

**SENIOR MISSIONARIES  
(15 YRS. UP)**

Senior missionaries must have their own "KNOWING CHRIST" 5-Day Club kit. They must have the use of a car (with insurance) or other transportation while they are teaching 5-Day Clubs.

**JUNIOR MISSIONARIES  
(13 OR 14 YRS OLD)**

We are strongly recommending that Junior Missionaries have their own kit as it contains many items they will need for themselves, and they prepare all parts of a 5-Day Club except the Bible lesson. A junior missionary must be 13 years old and have COMPLETED the 7th grade.

**GRADUATION  
CERTIFICATES**

A certificate is awarded to each student who satisfactorily completes all assignments and practice teaching. All students must be able to teach a 5-Day Club to graduate.

**COMMITMENT**

All students must have time available when they return home to teach 5-Day Clubs. No student will be accepted for training that is not willing to teach or assist in **3** clubs.

**MISSIONARY  
PROJECT**

Our missionary project for 5-Day Clubs is Abner & Susan Pineda serving in Latin America.

Please bring to the training the following: the "KNOWING CHRIST" 5-Day Club kit, King James or New International Bible, notebook, pens and scissors. Those attending the camp also need: flashlight, batteries, warm coat, bedding, etc. Further details are sent to the camp students in a **letter of acceptance** after the application is approved.

**"FAITHFUL IS HE THAT CALLETH YOU WHO WILL ALSO DO IT." I THES. 5:24**



Since 1937

**CHILD EVANGELISM FELLOWSHIP® OF NORTHERN CALIFORNIA, INC.**  
**CHRISTIAN YOUTH IN ACTION®**  
**APPLICATION FORM**

I will attend CYIA at:  
 Mt. Meadows Camp  
 Bay Area Commuter School

SEX:  M  F

NAME \_\_\_\_\_  
last first middle

ADDRESS \_\_\_\_\_  
number street city state zip

PHONE(\_\_\_\_\_) \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GRADE(fall) \_\_\_\_\_

YOUR EMAIL \_\_\_\_\_ FACEBOOK \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS (IF DIFFERENT THAN YOURS) \_\_\_\_\_  
number street city state zip

THEIR PHONE(\_\_\_\_\_) \_\_\_\_\_ THEIR EMAIL \_\_\_\_\_

**ANSWER YES OR NO TO THE FOLLOWING:**

- Have you received Jesus Christ as your own personal savior? \_\_\_\_\_
- Have you been a Christian for at least one year? \_\_\_\_\_
- Are you growing in your spiritual life? \_\_\_\_\_
- Do you believe children can be saved and should be given opportunity to receive Christ? \_\_\_\_\_
- Do you believe God has called you to teach 5-Day Clubs® this summer? \_\_\_\_\_
- Can you wholeheartedly, without reservation, sign the attached Statement of Faith and Doctrinal Protection Policy? \_\_\_\_\_

**CHRISTIAN BACKGROUND AND EXPERIENCE**

YOUR HOME CHURCH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
number street city state zip

PHONE(\_\_\_\_\_) \_\_\_\_\_ DENOMINATION \_\_\_\_\_

PASTOR \_\_\_\_\_

**EXPERIENCE RECORD**

List any special training and/or abilities (music, art, etc.) \_\_\_\_\_

What speaking experience have you had (school courses, appearances, etc.) \_\_\_\_\_

Have you taught Sunday School, VBS, Good News Clubs®, 5-Day Clubs®, etc.? \_\_\_\_\_

What leadership experience have you had? (clubs, church activities, etc.) \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Date Rec'd _____		Amount Rec'd _____		Ck. No. _____		Cash _____	
<input type="checkbox"/> SOF/DPP	<input type="checkbox"/> Health Form	<input type="checkbox"/> Confidential Screening	<input type="checkbox"/> Background Authorization	<input type="checkbox"/> Transportation Waiver	<input type="checkbox"/> References checked		
This student will teach: <input type="checkbox"/> Bible Lesson		<input type="checkbox"/> Missionary Lesson	Comments: _____				
			Date cleared _____				

## GENERAL QUESTIONS

- Were you ever seriously ill for a prolonged period? (If yes, give full details on separate sheet.) \_\_\_\_\_
- How is your general health at this time? \_\_\_\_\_
- Are you presently on narcotics in any form? \_\_\_\_\_
- Do you promise to teach at least three *5-Day Clubs* upon completion of this training? \_\_\_\_\_
- Do you promise to send reports of all *5-Day Clubs* you teach this summer? \_\_\_\_\_
- Are you be willing to work with another Christian young person as a team? \_\_\_\_\_
- If you already have a partner, please name: \_\_\_\_\_
- Do you plan to teach the:  Bible Lesson     Missionary Story     Both     Not Sure  
(If you are 14 or younger, you will teach the missionary story.)

**YOUR PERSONAL TESTIMONY** (Make sure you include when and where you were saved; how you know you are saved; other Christian experiences; why you are interested in attending CYIA training; why you are interested in sharing the Gospel with children. Please be as complete as possible, and use another sheet if necessary.)

I understand that I am applying to receive training as a missionary or missionary's assistant for the purpose of sharing the Gospel with children in CEF® *5-Day Clubs*. I understand that I will receive a certificate upon successful completion of the training and that I am expected to teach or help in at least **three** *5-Day Clubs* after the training period.

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Your signature

date

If you are teaching *5-Day Clubs* under the sponsorship of your church, have your pastor sign his name on the line below.

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Pastor's signature

church

**WHEN COMPLETED**, RETURN THIS FORM TO YOUR **LOCAL CEF OFFICE** AT THE ADDRESS BELOW WITH THE FOLLOWING:

Signed Statement of Faith/Doctrinal Protection Policy form

Completed and signed confidential screening form and background check authorization

Completed health form and travel waiver (parental signature required, if you are under 18)

Nonrefundable deposit of **\$25 for Mt. Meadows Camp** or **\$10 for the Bay Area Commuter School**

**Only complete applications received on or before the deadline will be considered for the early registration discount.**

The balance of your registration fee (minus the deposit) is due June 1, 2012 for Mt. Meadows and June 4, 2012 for the Commuter School.

**Mail to:** CEF of Silicon Valley

235 So. Gordon Way, Los Altos, CA 94022

650 941-9536

cefsv@pacbell.net

www.cefkids.org

**PARENTAL AUTHORIZATION & MEDICAL RELEASE FORM**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Personal Physician \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

DATE OF LAST TETANUS IMMUNIZATION \_\_\_\_\_ IMMUNIZATIONS CURRENT  YES  NO

Food or drug allergies \_\_\_\_\_

Health History: (Check those that apply)  Diabetes  Anaphylaxis  Frequent Urination  Asthma  
 Iodine allergy  Heart Problems  Ear Infections  Epilepsy/Seizures

Any condition requiring medication, treatments or restriction from activities \_\_\_\_\_

Occasionally, it is necessary to provide campers with non-prescription medications. Please check below to indicate whether you give permission for the listed medication to be administered by qualified camp staff. We will not administer any medication without this authorization.

Please check YES or NO for each medication.

YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Pepto Bismol (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/> Tums (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/> Ibuprofen (head/muscle aches)
<input type="checkbox"/>	<input type="checkbox"/> Tylenol (head/muscle aches)	<input type="checkbox"/>	<input type="checkbox"/> Benadryl (itching/cold/allergy symptoms)	<input type="checkbox"/>	<input type="checkbox"/> Neosporin (cuts/scrapes)
<input type="checkbox"/>	<input type="checkbox"/> Caladryl Cream (itching/bug bites)	<input type="checkbox"/>	<input type="checkbox"/> Cough drops	<input type="checkbox"/>	<input type="checkbox"/> _____

ALL MEDICATIONS and PRESCRIPTIONS MUST:

1. Be in the original container.
2. Have a note with HOW, WHEN, and WHY to administer that is SIGNED by the legal guardian.

In case of an emergency, I hereby give permission to any licensed physician and hospital selected by a member of the CEF® staff to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Must be signature of **parent or guardian** unless the individual is 18 or older.

INSURANCE COVERAGE \_\_\_\_\_ POLICY # \_\_\_\_\_

# Health Screening Form

(Required for all attendees staying over 72 hours)

**Parents do NOT complete. Camp nurse will complete at registration interview.**

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By state and county regulations, the Health Screening Form must be completed for each attendee (camper and leaders). Each person needs to be screened by a qualified person (doctor, nurse, EMT etc.) within 24 hours of arrival to camp.

N  Y  1. In the last week, have you had and *nausea, vomiting, and/or diarrhea* with a *fever*?  
If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

N  Y  2. In the last week, have you had a *cough, congestion, and/or sore throat* with a *fever* or a *rash*?  
If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

N  Y  3. Has anyone in your family had the *flu* this past week?

N  Y  4. Do you have any open *sores* or *rashes* that need to be treated?  
If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

N  Y  5. Do you have an *ear* infection or *eye* infection that needs medication?  
If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

N  Y  6. Have you had the Chicken Pox *disease* or the Chicken pox *vaccine* (Varicella)?

N  Y  7. Have you had any *recent injuries* that involved a *casted fracture, head injury (concussion)* or *wound* that required *staples* that *need to be removed while at camp*?  
If YES\*, describe: \_\_\_\_\_  
\_\_\_\_\_

\*If YES to #7, you must be cleared by a doctor in order to participate in camp activities.

N  Y  8. Did you bring any medication with you to camp? (If under 18 years old or staying in a cabin with kids, all medications must be locked and administered by qualified staff). Please fill out and submit Medication Administration Record (MAR) with medications.

Signature of Health Screener \_\_\_\_\_ Date \_\_\_\_\_

## Medication Administration Record (MAR) for Mountain Meadows Bible Camp

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Camp June 16-22, 2012 Cabin \_\_\_\_\_

Age \_\_\_\_\_ M / F Allergies \_\_\_\_\_ Group Name \_\_\_\_\_ CYIA \_\_\_\_\_ Parent's Sig. \_\_\_\_\_

Medication Administration Guidelines:

1. Please place medications in a Ziplock bag clearly labeled with full name and date of birth written in permanent marker on the outside.
2. Medications must be in original container with doctor's directions if it is a prescription (no pills in bags or daily dispensers).
3. Please send an inhaler if your child has asthma. Please send an Epi-pen if your child has a history of severe allergic reaction.
4. Primary dispensing times for medications will be at meal times unless otherwise directed by a physician. Thank you!
5. **Fill out shaded column only;** daily columns for administration use only.

Medications	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							

Administrator Signature (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

# CONFIDENTIAL SCREENING FORM

## Child Evangelism Fellowship® Child Protection Policy

This screening form is to be completed by applicants for any position, paid or volunteer, involving CEF® ministries and will be used to help CEF provide a safe and secure environment for children. This is not an employment application. Anyone interested in employment by CEF will also need to complete an employment application form.

Date \_\_\_\_\_

(Please Print) If explanatory notes are needed, please attach separate sheet.

<b>Applicant's Name (last, first, middle)</b>		<b>Sex</b>	<b>Date of Birth</b>	
			Mo.	Day
			Year	
<b>Social Security Number</b>	<b>Maiden Name</b>	<b>All Nicknames and Aliases</b>		
<b>Telephone</b> (    )		<b>E-mail</b>		
<b>Present address (Street, Apt #, City, State, Zip)</b>				<b>County</b>
<b>Previous Addresses (for past five years)</b>				
<b>Have you ever been convicted of a crime?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain & give county & state of conviction.)				
<b>Have you ever been accused of child abuse?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain.)				
<b>Please explain briefly your salvation experience.</b> (If completing form for 5-year rescreening, skip this question.)				
<b>List any experience that has prepared you for children's ministries.</b> (If completing form for 5-year rescreening, skip this.)				
<b>References (pastor or church leader and personal, not a relative or previous employer)</b> (Skip for 5-year rescreening.)				
NAME CHURCH ADDRESS TELEPHONE (    ) E-MAIL	NAME RELATIONSHIP ADDRESS TELEPHONE (    ) E-MAIL			
NAME RELATIONSHIP ADDRESS TELEPHONE (    ) E-MAIL	NAME RELATIONSHIP ADDRESS TELEPHONE (    ) E-MAIL			

## Background Check Authorization

**Release Authorization:**

1. In connection with my future involvement as a staff member or a volunteer working with children, I understand that CEF® will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church or non-profit organization, reference, or insurance company contacted by CEF or its consumer reporting agency or its agents, to furnish the information described above.
4. I understand that if any of those records contains information which is used to deny my employment in *Child Evangelism Fellowship*®, I will be notified of my rights and where I can obtain a copy of the information.

By signing below, you hereby release *Child Evangelism Fellowship* and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. You may be contacted as indicated below. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) they may have regarding my character and fitness for children’s work. I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

As a volunteer or paid worker for Child Evangelism Fellowship Inc. I agree to abide by the Child Protection Policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

I have read the Child Protection Policy and viewed ([www.cefonline.com/childprotection](http://www.cefonline.com/childprotection)) or heard (866-878-4182) the “Protecting Today’s Child” 11- minute presentation and agree to follow the policies and procedures in handling any child abuse situations that may arise.

I further state that I have read carefully the foregoing release and know the contents thereof. This is a legally binding agreement which I have read and understand.

Applicant’s signature	(Print name)	Date
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Parent’s signature (if applicant is a minor)	(Print name)	Date
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FOR OFFICE USE ONLY

**Identity confirmed with government issued photographic identification.**

Signature of witness to photographic identification	(Print name)	Date
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All information acquired will be used within the Child Evangelism Fellowship organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.

Please return all paperwork to the following address:

Please note: A different form may be required by the reporting agency or state government agency you are using.

# Child Evangelism Fellowship® Statement of Faith

## **WE BELIEVE -**

*That "All Scripture is given by inspiration of God,"* by which we understand the whole book called THE BIBLE; that it is inerrant in the original writing and that its teaching and authority are absolute, supreme and final. That the Holy Spirit guided the holy men of old in all that they wrote. 2 Timothy 3:16; Deuteronomy 4:2; 2 Peter 1:21

*The Godhead eternally exists in three persons, the Father, the Son and the Holy Spirit.* These three are one God, having the same nature, attributes and perfection. Romans 1:20; Matthew 28:19; Deuteronomy 4:35; John 17:5

*In the personality and Deity of the Lord Jesus Christ,* begotten of the Holy Spirit, born of the virgin Mary, truly God and truly man. John 1:1, 14; 10:30; Matthew 1:20; Luke 1:30,31; Philippians 2:5-7; 1 Timothy 3:16; Colossians 1:19

*In the personality and Deity of the Holy Spirit,* the source and power of all acceptable worship and service, the infallible interpreter of the infallible Word, who indwells every true believer, and is ever present to testify of Christ, seeking to occupy us with Him and not with ourselves or our experiences. John 15:26; Acts 5:3-4; 1:8; Romans 8:26-27; 1 Corinthians 2:12,14; Romans 8:9; 1 Corinthians 3:16; 12:13; John 16:13-14

*That man was created in the image of God, after His likeness, as stated in the Word of God, but the whole human race fell in the fall of the first Adam.* Not only was his moral nature grievously injured by the fall but he totally lost all spiritual life, becoming dead in trespasses and sins, and subject to the power of the devil. "The carnal mind is enmity against God; for it is not subject to the law of God, neither indeed can be. So then, they that are in the flesh cannot please God" (Romans 8:7,8). Therefore, he cannot see nor enter the kingdom of God until he is born again by the Holy Spirit. That no degree of reformation however great, no attainment in morality however high, no culture however attractive, no humanitarian and philanthropic schemes and societies however useful, no baptism or other ordinance however administered, can help the sinner to take even one step toward Heaven; but a new nature imparted from above, a new life implanted by the Holy Spirit through the Word is absolutely essential to salvation. Genesis 1:26-27; Romans 5:12; Ephesians 2:1-3; John 3:3,6,7; Titus 3:5

*That Jesus Christ became the sinner's substitute before God, and died as a propitiatory sacrifice for the sins of the whole world.* That He was made a curse for the sinner, dying for his sins according to the Scriptures; that no repentance, no feeling, no faith, no good resolutions, no sincere efforts, no submission to the rules and regulations of any church can add in the very least to the value of the precious blood or to the merit of that finished work wrought for us by Him, who tasted death for every man. 1 John 2:2; Hebrews 2:9; Galatians 3:13; Romans 3:25; 4:4-5; 5:8; Colossians 1:13-14,20-21

*In the resurrection of the crucified body of Jesus Christ;* that His body was raised from the dead according to the Scriptures, and that He ascended into Heaven and sitteth on the right hand of God as the believer's high priest and advocate. Luke 24:39; Acts 1:10-11; Ephesians 4:10; Hebrews 1:3; 1 John 2:1

*That Christ in the fullness of the blessings He has secured by His death and resurrection is received by faith alone* and that the moment we trust in Him as our Savior we pass out of death into everlasting life, justified from all things, accepted before the Father according to the measure of His acceptance, loved as He is loved and made one with Him. At the time of acceptance of Christ as Savior, He comes to dwell within the believer and to live out His life of holiness and power through him. Hebrews 9:15; John 5:24; Romans 3:28; 4:3,23-25; Ephesians 1:3; John 17:23; Galatians 2:20; 4:6-7; 5:16; Acts 1:8

*That the Church is composed of all those who truly believe on the Lord Jesus Christ as Savior.* It is the body and bride of Christ. That every believer, whether Jew or Gentile, is baptized into the body of Christ by the Holy Spirit, and having thus become members of one another we are responsible to keep the unity of the Spirit in the bond of peace, rising above all sectarian prejudices and denominational bigotry and loving one another with a pure heart fervently. Ephesians 1:22-23; 2:19-22; 1 Corinthians 12:22-27; 1:10-13; Romans 12:4-5; Ephesians 4:3-6; 5:32; Philippians 2:1-5; Galatians 5:13-15

*That all believers in our Lord Jesus Christ are called into a life of separation from worldly and sinful practices,* and should abstain from such amusements and habits as will cause others to stumble, or bring reproach upon the cross of Christ. Believers are created in Christ Jesus unto good works. "As we have therefore opportunity, let us do good unto all men, especially unto them who are of the household of faith" (Galatians 6:10). 1 John 2:15-16; Romans 13:14; 14:13; 1 Corinthians 10:31; Ephesians 2:10

*In the evangelization of the world,* that the supreme mission of the people of God in this age is to preach the Gospel to every creature. That special emphasis should be placed upon the evangelization of children. Mark 16:15; 2 Corinthians 5:18-19; Matthew 18:14

*In the personal return of our Lord and Savior Jesus Christ,* that the coming again of Jesus Christ is the "blessed hope" set before us, for which we should be constantly looking. "Our citizenship is in Heaven from whence we look for the Savior, the Lord Jesus Christ" (Philippians 3:20). Acts 1:11; 1 Thessalonians 4:16-17; John 14:1-3; Titus 2:13; Philippians 3:20-21

*That the souls of those who have trusted in the Lord Jesus Christ for salvation do at death immediately pass into His presence,* and there remain in conscious bliss until the resurrection of the body at His coming, when soul and body reunited shall be with Him forever in glory. Luke 23:43; 2 Corinthians 5:8; Luke 16:22,25; Philippians 1:23; 1 Thessalonians 4:15-18

*That the souls of the lost remain after death in misery until the final judgment of the great white throne,* when soul and body reunited at the resurrection shall be cast "into the lake of fire" which is "the second death," to be "punished with everlasting destruction from the presence of the Lord, and from the glory of His power" (2 Thessalonians 1:8-9). Luke 16:22-23,27-28; Hebrews 9:27; Revelation 20:5,11-15; 2 Thessalonians 1:7-9

*In the reality and personality of Satan, "that old serpent, called the devil, and Satan, which deceiveth the whole world"* (Revelation 12:9). Ephesians 6:11-12; 1 Peter 5:8; Revelation 20:10

## Doctrinal Protection Policy

Adopted by CEF<sup>®</sup> International Board of Trustees  
May 6, 2002

*Child Evangelism Fellowship*<sup>®</sup> continues in its commitment to its Statement of Faith, which embodies the non-negotiable and historic beliefs of evangelical Christians.

Within the community of evangelical believers various distinctives exist which do not prevent our fellowship in the Lord and our effectiveness as child evangelists.

We therefore resolve that *CEF* workers are qualified by their unreserved commitment to *CEF*'s Statement of Faith and their further commitment in all *CEF* activities to refrain from teaching or otherwise advocating doctrinal distinctives either contrary to or in addition to the Statement of Faith.

### Child Evangelism Fellowship Worker's Compliance Agreement

Recognizing the spiritual need of boys and girls in our community and around the world, I would like to assist in the work of *Child Evangelism Fellowship (CEF)*.

I understand that *CEF* is without specific denominational affiliation, and have read the Statement of Faith and *CEF* Doctrinal Protection Policy. In becoming a coworker with *CEF*, and in order to protect the ministry, I agree not to propagate or practice in *CEF* ministries any distinctive or controversial doctrines, methods and practices that would go beyond the *CEF* Statement of Faith and the approved *CEF* curriculum. These would include but not be limited to such things as modes of baptism, alteration of the Gospel message, speaking in tongues, interpretation of Scripture by experience, healing on demand, etc. I understand that anyone who does not adhere to this agreement cannot serve with *CEF* as paid staff or volunteer.

In teaching Bible lessons in core *CEF* programs I will use exclusively materials approved by *CEF*.

In offering my services I trust the Lord to make me a faithful servant, and should problems arise between *CEF* and me that cannot be fully reconciled, I will quietly withdraw to preserve the harmony essential to having an effective Christian witness.

By signing below, I indicate:

- a) My agreement with the Statement of Faith and that
- b) I will abide by the above Worker's Compliance Agreement, and that
- c) I will abide by the policies of *CEF* as long as I am actively involved.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_

# Child Evangelism Fellowship® of Northern California, Inc.

P. O. Box 47 · Union City · CA 94587

Phone and Fax: 510-429-1895 Email: ncacef@pacbell.net

## Travel Waiver for Minors

Item number six of the *Child Evangelism Fellowship* (CEF®) USA Child Protection Policy fact sheet 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 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 serve with *Child Evangelism Fellowship* without being accompanied by two or more adults at any given time.

Yes \_\_\_\_\_ No \_\_\_\_\_

## Liability Release

“In the unlikely event that my child is injured while participating in activities at *Christian Youth In Action*®, *5-Day Club*® and other official CEF activities or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for CEF granting my child permission to participate at CEF activities, I hereby release Child Evangelism Fellowship of Northern California, its employees and volunteers from liability for injuries occurring in CEF activities.”

“I further acknowledge that my child is responsible to fasten his/her seatbelt and to abide by all traffic laws while involved in CEF activities or in route to such activities.”

Yes \_\_\_\_\_ No \_\_\_\_\_

## Model Release (Use of photographs)

I allow CEF to use photos of my child for promotional and advertising purposes: Yes\_\_\_ No\_\_\_

Name of minor \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email address \_\_\_\_\_