PERSONAL APPLICATION

CHRISTIAN YOUTH IN ACTION® TRAINING SCHOOL

CHILD EVANGELISM FELLOWSHIP OF MAINE,® INC.

Christian Youth in Action®
A Ministry of Child Evangelism Fellowship®

(Please print clearly) Date_____

Name_____
Last First Middle

Mailing Address_____
Street/Route/Box Town/City State Zip

Soc. Sec. #_____ Telephone_____ Age_____ Birthdate_____
Month Day Year

Present Occupation_____

School (If a Student)_____ Grade completed in June_____

Name of Parent/Guardian/Spouse_____ Phone_____

Address_____
Street/Route/Box Town/City State Zip

Do you have any health problems or physical limitations?_____

_____

Please share briefly your testimony of salvation. _____

_____

_____

_____

Do you have the assurance of your salvation and on what do you base that assurance?

_____

_____

Why do you want to attend CYIA?_____

_____

_____

List any Child Evangelism Fellowship activities with which you have been involved.
(Camp Good News, Good News Clubs, 5-Day Clubs, Day Camp, Fair Ministry, Open Air Ministry, etc.)

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Please return your completed application to your local CEF chapter.