



## Enrollment Data

Plan to enroll (year) 20 \_\_\_\_ Applying for the full twelve weeks \_\_\_\_\_ **or** (indicate modules below)

### Children's Ministries

TCE Level 1 (one week) \_\_\_\_\_

Understanding Today's Child (one week) \_\_\_\_\_

Progressive Methods of Child Evangelism (two weeks) \_\_\_\_\_

TCE Level 2 (one week) \_\_\_\_\_

### Teacher Training

Dynamics of Teacher Training (two weeks) \_\_\_\_\_

### Leadership Development

Distinctives of Child Evangelism Fellowship (one week) \_\_\_\_\_

Ministry Strategy and Development (two weeks) \_\_\_\_\_

Dynamics of Christian Leadership (two weeks) \_\_\_\_\_

## Ministry Data

Home Church Name and Address: \_\_\_\_\_

\_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Describe your experience working with children (secular or ministry related): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have been your other activities in your local church? \_\_\_\_\_

\_\_\_\_\_

Indicate training received from Child Evangelism Fellowship:  TCE Level 1  TCE Level 2

IOT Level 1  IOT Level 2  Training classes/seminars  CYIA/STI training  OSM

Other \_\_\_\_\_

What is your involvement with CEF (past or present)? \_\_\_\_\_

\_\_\_\_\_ Years \_\_\_\_\_

## Policies

Are you in agreement with the Child Evangelism Fellowship *Statement of Faith*?  Yes  No

Are you in agreement with the CEF of Canada *Lifestyle Agreement*?  Yes  No

Are you in agreement with the Child Evangelism Fellowship *Interdenominational Policy*?  Yes  No

*(If you are in agreement with the above policies, please sign and submit with application.)*

Are you interested in full-time ministry opportunities with CEF?  Yes  No

**Educational Data** (Please list highest level completed first)

Name of Institution: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_ Year: \_\_\_\_\_

City/Province: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_ Year: \_\_\_\_\_

City/Province: \_\_\_\_\_

Other post-high school schooling:

\_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_

Name and location of high school: \_\_\_\_\_ Year graduated: \_\_\_\_\_

**Spiritual Data** Give approximate date of conversion \_\_\_\_\_

**On a separate sheet of paper, please write a testimony of your salvation experience and your process of spiritual development. Include it with your application.**

**References**

Pastor or Church Leader: \_\_\_\_\_

Name

Address

\_\_\_\_\_

City/Town

Province

Postal Code

Phone

Email

Friend or CEF Worker: \_\_\_\_\_

Name

Address

\_\_\_\_\_

City/Town

Province

Postal Code

Phone

Email

**Financial Data**

How do you plan to finance your attendance at CCMI? \_\_\_\_\_

\_\_\_\_\_

Do you have any other financial obligations that will have to be paid while in attendance at CCMI? \_\_\_\_\_

\_\_\_\_\_

Are you able to meet these obligations and also pay for your training at CCMI? \_\_\_\_\_

**Statement of Intent**

I hereby certify that the information I have given in this application is accurate and complete to the best of my knowledge. If accepted, I commit myself to uphold the standards of the CCMI with regard to morals, dress and Christian conduct. I will abide by the CCMI rules and will obey those over me in the Lord. With God's help I will study and fulfill course requirements to the best of my ability.

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

The completion of this application is preliminary and does not guarantee acceptance.