

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? _____

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

- 1) the basis of your salvation (give Scripture references)
- 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 OSM program

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"? _____

Please read the "Statement of Faith", Worker's Compliance Agreement and the Lifestyle Agreement and indicate your agreement by signing the form and returning it with this application.

EXPERIENCE:

Present occupation: _____
(If employed, give name of employer; if student, school and year expecting to graduate)

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

Describe any training and experience you've had in Child Evangelism Fellowship. _____

Have you served as a CEF® summer missionary? _____ Name, address and title of person under whom you served: _____

Describe any experience you've had in working with children: _____

Have you been used to lead a child to Christ? _____ Describe _____

MINISTRY:

Have you duly considered the sacrifices involved in being a summer missionary this summer? _____

Have you applied to any other summer missionary program? _____

If so, give name(s) _____

How do you expect to cover your expenses this summer? _____

For what period of time would you be available? (Give specific months and days) _____

Do you have a driver's license? _____ License # _____

Are you willing to work under the direction of missionaries and to accept and to perform assignments cheerfully? _____

Are you covered by health and accident insurance? _____

Name _____

Address of company _____ Policy Number _____

REFERENCES

	Name	Complete Address	Phone
Pastor/Church Leader			
CEF Worker/Church Leader			
Adult Friend			

Please feel free to give further details not covered in this application.

I understand that Child Evangelism Fellowship of Canada will investigate my work and personal history and verify data given on this application. I authorize all individuals, schools and firms named therein to provide information about me and I release them from all liability for damage in providing this information.

I certify that to the best of my knowledge all answers and information given on this application are true and correct.

Signature

Date

Return this application to:

<p>John Rueck PO Box 1587 Three Hills, AB T0M 2A0</p>

Child Evangelism Fellowship of Canada
PO Box 165 Station Main
Winnipeg, MB R3C 2G9

Part B

TRAINING SCHOOL INFORMATION

Sex: Male Female Date of Birth: ____/____/____

Do you consider English to be your first language? Yes No

Marital Status: Single Married Divorced

Do you have any health conditions or physical challenges that would require special services? Yes No
If yes, please indicate types of services you may need on a separate piece of paper.

While attending the OSM training school I agree to abide by regulations set forth in the standards of conduct and the dress code and to conform to its fundamental standards of honor. I realize that CEF may request the withdrawal of any trainee who, in the opinion of the staff, does not abide by the regulations set forth.

Signature _____ Date _____