

**Child Evangelism Fellowship® of Manitoba**  
**Application for Summer Training and Ministry**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone (if applicable): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth; \_\_\_\_\_ Present age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Manitoba Health Number: \_\_\_\_\_ Personal I.D. \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

In what language(s) are you fluent? \_\_\_\_\_

Health issues we should be aware of: \_\_\_\_\_

a. Do you take medication? \_\_\_\_\_ List: \_\_\_\_\_

b. List physical limitations: \_\_\_\_\_

Emergency Contact:: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Education:**

Highest level of education completed: (indicate year graduated): \_\_\_\_\_  
\_\_\_\_\_

Special training or experiences (i.e. first aid certification, leadership training, etc.) and date taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience:**

Indicate employer and approximate dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience with children: \_\_\_\_\_  
\_\_\_\_\_

**Church Experience:**

Current church name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous churches and years attended:

\_\_\_\_\_  
\_\_\_\_\_

What roles have you held in your church and/or community (Sunday school, VBS, camp, etc)?

\_\_\_\_\_

Write a brief testimony of your salvation. Add what the Lord has been teaching you since you gave your life to Him.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CEF Experience:**

Have you been involved in CEF before? \_\_\_\_\_ Explain. \_\_\_\_\_

Why do you want to be a summer missionary with CEF? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Please provide the names, full addresses and phone numbers of three Christian adults outside your family who know you well. Include your pastor or youth leader as one of these.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I have read and agree to abide by the CEF<sup>®</sup> Manitoba Statement of Commitment.**

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

**I have read and agree with the Child Evangelism Fellowship<sup>®</sup> Statement of Faith.**

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

Note: The complete summer ministry training is mandatory. If you are not available during any of the following six weeks of ministry, note here and give the reason.

\_\_\_\_\_

***Please include a recent picture of yourself, and send or bring your completed application to:***

**CEF Manitoba  
179 Henderson Hwy.  
Winnipeg, MB R2L 1L5**

You may keep the Statement of Commitment and Statement of Faith for future reference. If you have questions or need more information, call the office at 204-663-3300.