**Christian Youth in Action®**

**SUMMER MINISTRY LEADERSHIP**

**PROGRAM APPLICATION**

Please check the CEF chapter with which you are affiliated:

\_\_\_\_ Anne Arundel/Prince Georges \_\_\_\_Carroll County \_\_\_\_ Greater Baltimore

\_\_\_\_ Howard County \_\_\_\_ Lower Shore \_\_\_\_\_ Mid Shore \_\_\_\_\_ Other/unsure

\_\_\_\_ Montgomery County \_\_\_\_Northwest Maryland \_\_\_\_ Southern Maryland

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

Personal Information: Please Print

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Grade Completed in School \_\_\_\_\_\_ Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers:1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What church to you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years attended:\_\_\_\_\_

How are you involved in your church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testimony of when you received Jesus as Savior. Please include details and Scripture. Use the back of this page or attach a page if necessary

Why are you applying to this program?

How you served with CEF before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, where and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to work under the direction of CEF staff and to accept and perform assignments with a positive attitude? \_\_\_\_\_\_\_

Will you: \_\_\_\_\_\_volunteer or \_\_\_\_\_\_ want to be paid

If you choose to be a volunteer, you will need to be sponsored by your church or individuals to raise the amount of $\_\_\_\_\_\_\_\_\_\_\_ to cover training costs, teaching materials, T-shirts, and other expenses.

If you choose to be paid, you will need to raise $\_\_\_\_\_\_\_ to cover expenses listed above as well as $\_\_\_\_\_\_ per week for each week you plan to serve.

Please return this form to the local chapter where you wish to serve. If you are not sure which chapter is nearest you, return the form to CEF of Maryland, 2203 N. Rolling Road, Windsor Mill, MD 21244.

Local chapter addresses can be found on our website: [www.cefmaryland.org](http://www.cefmaryland.org)

Please send enclosed references to three people as designated on each page. References should be returned directly to the local chapter office or to the state office at the address above.