

Important Information:

How old will you be by June 1, 2025? _____

You have completed the background check process

Yes _____

(www.cefofmontana/background-check/)

Do you understand that *Intern/Apprentice* participants are considered to be volunteers? Yes _____

Do you understand the Summer Ministry is from June 2, 2025-August 18, 2025 Yes _____

Tee shirts will be provided for summer ministry. Indicate size by circling a size option that is listed below.

S M L XL XXL XXXL *Shirt must not be tight. T-Shirts may shrink.*

Personal References (We will send reference form via email)

Adult Name and Occupation	Email	Phone Number
Pastor/Ch. Leader		
College Professor/Christian Adult		
Christian Adult		

Emergency Contact:

Name:	Relationship:	Phone Number:

Miscellaneous:

Will you need housing during the summer? (Please circle)

Yes

No

Do you have a vehicle you are willing to drive during the summer? All mileage will be reimbursed by CEF of Montana
(Please circle)

Yes

No

Please list any summer dates during which you plan to be gone and would like to request to have off:

Objectives/Experience:

Home Church _____ Pastor _____

In what ways are you presently involved in a church or Christian organization?

Briefly write your statement of faith, including your beliefs about God, Jesus, the Holy Spirit, and the church:

Write out your testimony of salvation (Use an extra sheet if necessary) Explain the scriptural basis for your salvation, when and where you were saved.

What do you think should be the goals of ministry to Children and Youth?

What do you see as the major issues facing young people today? How should the church respond?

What might be your specific unique contributions to CEF of Montana's ministry to Children and Youth?

Are there any other qualifications we ought to know about that may benefit the ministry?

What experiences have you had in the past six months that have contributed to your personal growth?

Why do you want to spend a summer in ministry with CEF of Montana?

I understand that Child Evangelism Fellowship will investigate 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.

Student Signature (Typing in name is the same as your signature)

Date

