



SUMMER MISSIONARY PROGRAM APPLICATION

Child Evangelism Ministries
Of Elkhart and LaGrange Counties, Inc.
14655 State Road 120
Bristol, IN 46507
574-848-4800

NAME _____ DATE _____

ADDRESS _____ SOCIAL SECURITY # ____ - ____ - ____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

DATE OF BIRTH ____/____/____ CURRENT AGE: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____

YEARS OF EDUCATION _____ YEAR COMPLETED _____

Do you use: TOBACCO _____ ALCOHOLIC DRINKS _____ ILLEGAL DRUGS _____

RECORD OF EMPLOYMENT

List the last three places you were employed (if applicable)

COMPANY NAME _____ COMPANY NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

POSITION _____ POSITION _____

LENGTH OF EMPLOYMENT _____ LENGTH OF EMPLOYMENT _____

COMPANY NAME _____

ADDRESS _____

PHONE _____

POSITION _____

LENGTH OF EMPLOYMENT _____

3 PERSONAL REFERENCES (excluding relatives and employers)

1. Pastor or Youth Pastor of your church:

Name: _____ Email Address: _____

Address: _____ City: _____ St. _____ Zip: _____ Phone: _____

2. Name: _____ Email Address: _____ Occupation: _____

Address: _____ City: _____ St. _____ Zip: _____ Phone: _____

3. Name: _____ Email Address: _____ Occupation: _____

Address: _____ City: _____ St. _____ Zip: _____ Phone: _____

Were you ever seriously ill?

YES ____ NO ____ EXPLAIN _____

Are you on prescription medicine? YES _____ NO _____

Is there any medical problem that would hinder your work with C.E.M.? (If so, please explain)

Whom should we call in case of emergency?

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____ Cell Phone: _____

Do you have a valid driver's license? YES ____ NO ____

If needed, do you have a car that you can use for transportation? YES ____ NO ____

Do you have valid car insurance? YES ____ NO ____ Insurance Company Name: _____

Leadership Experience in Church or School: YES ____ NO ____ EXPLAIN:

Previous Training in Children's Ministries: YES ____ NO ____ EXPLAIN:

Special Interests or Hobbies:

Have you ever had the experience of leading anyone to Christ? (If so, please tell of one incident.)

Do you have a daily quiet time? _____

To complete your application please provide the following along with you application:

_____ YOUR PERSONAL TESTIMONY – Please write your testimony on a separate sheet of paper.

_____ A RECENT PHOTO OF YOURSELF – A snapshot is fine. Photos are used in newsletters and for ID badges.

_____ COMPLETE CRIMINAL BACKGROUND CHECK – If you are age 18 or over.

_____ DECLARATION OF FAITH – Please read this carefully and sign.

I realize that my final acceptance depends on my attitude, zeal, ability, and cooperation as shown during the training period.

Signature _____ Date _____

I am looking forward to the great blessings God has for you!

Linda Reiniche, Director