



**CHILD EVANGELISM FELLOWSHIP OF
EASTERN PENNSYLVANIA, INC.**
P.O. BOX 4375 ♦ HARRISBURG, PA 17111-0375
www.cefepa.net

Please return this application to:

STAFF APPLICATION

(For full-time or part-time workers. Please print plainly.)

Date _____

PERSONAL INFORMATION

Name _____ Age _____

Spouse _____ Age _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Home Address _____ City _____ State _____ Zip _____

E-mail _____ Telephone (_____) _____ Date of Birth ____/____/____

Social Security No. _____ - _____ - _____ Height _____ Weight _____ Sex _____

Single Engaged Married Divorced Separated

Nearest of Kin _____ Relationship _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Telephone (_____) _____

COLLEGE INFORMATION

Name of College (if currently a student) _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Telephone (_____) _____

Freshman Sophomore Junior Senior

GENERAL INFORMATION

1. Do you believe that God has called you to this ministry? _____
2. Has the Lord burdened your heart for any particular county in Eastern PA? _____ Which One? _____
3. Are you willing to speak in various churches regardless of denomination? _____
4. Will you consistently start your work day on time? _____
5. Do you promise to send monthly reports of work done? _____
6. Do you agree to send all money received at any meeting into the CEF Office? _____
7. Were you ever seriously ill? _____ (If you were, give full information on the enclosed *Staff Physical Report*.)
8. How is your health now? _____ (State any present health problems on the enclosed *Staff Physical Report*.)
9. Do you have a driver's license? _____ If not, will you be getting one before you come? _____
10. Do you own a car? _____ Would you bring it with you, if you are accepted? _____
11. Do you belong to any secret society, organization, lodge, or gang? _____
12. Do you use tobacco? _____ Do you drink alcoholic beverages? _____
13. Have you ever used narcotics, hallucinogens, or drugs not prescribed by a physician? _____
14. What is your point of view toward the theater, dance? _____

15. What is your point of view toward premarital sex? _____

16. What is your point of view toward homosexuality? _____

17. Were you ever a victim of abuse or molestation? _____
18. Have you ever been legally charged, pled guilty, or convicted of child abuse, neglect, or any other offense involving minors? _____
19. Were you ever suspended, dismissed, or expelled from any school? _____ If so, why? _____

20. Have you ever personally withdrawn or quit any school? _____ If so, why? _____

21. Are you aware of any learning disability you may have? _____ If so, please explain. _____

22. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

REFERENCES

(No former employers, relatives, fellow students, pastors, or Deans of Colleges, please.)

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

Church Affiliation _____

Church Address _____ City _____ State _____ Zip _____

Pastor's Name _____ E-mail _____ Telephone (_____) _____

Christian College you attend or attended _____

College Address _____ City _____ State _____ Zip _____

Dean of Christian College _____

On another sheet of paper write out your *Personal Testimony* (when and where you were saved, other Christian experiences, why you are interested in the evangelization of children, etc.).

DECLARATION

1. I can conscientiously sign the enclosed *Statement of Faith*.
2. I can conscientiously sign the enclosed *Policy on Tongues*.
3. I agree that the believer is eternally secure in Christ.
4. I understand that I am required to take all Keystone Courses provided by the State Headquarters.
5. I understand that I am required to take Summer Missionary Training School.
6. I understand that my final acceptance must be approved by the State Board of Directors.

Signature _____

ITEMS TO RETURN WITH YOUR APPLICATION

1. Completed *Staff Application*
2. Your personal testimony written out
3. Signed *Statement of Faith*
4. Signed *Policy Relative to Speaking in Tongues*
5. Completed *Staff Physical Report*
6. Signed *Child Abuse Policy Form*
7. Completed *Confidential Screening Form*
8. Completed *Records Authorization Form*
9. A recent picture (professional portrait) of yourself to be used for a prayer card and support letters