



**Northwest Maryland CEF
SUMMER MINISTRY COORDINATOR
APPLICATION**

RETURN TO: Jason Norris - Ministry Coordinator
6820 Mountain Church Road
Middletown, MD. 21769

Please include a **separate resume** that includes your education / training and work history.

Questions? Email to: northwestmarylandcef@gmail.com

PERSONAL INFORMATION – Please print form and complete Application Deadline: **April 17, 2024**

1. Full Name: _____

2. Present Mailing Address: _____

3. Phone Number: _____

4. Birthdate: _____ Age: _____
Month Day Year

5. Email Address _____ 6. Citizenship: _____

7. Name and number of Emergency Contact: _____

PERSONAL TESTIMONY

1. What church do you attend? _____ # of years attending: _____

Pastor's name: _____

2. Give approximate age when you received Jesus. _____

3. Give a testimony about how you know you are saved. (Give Scripture references)

4. Describe your practices of prayer, Bible study, church attendance, and witnessing.

5. How have you been involved in your church? Examples: choir, Sunday school, nursery worker, etc.:

6. What are your convictions regarding the use of tobacco, drugs and liquor?

7. What motivated you to apply for the position of Summer Ministry Coordinator with CEF?

8. Have you ever served in CEF summer ministry? YES NO

Name of CEF director under which you served and the location:

9. Have you ever served in a CEF Good News Club? If so, in what capacities?

10. Are you willing to work under the direction of CEF staff and perform assignments with a positive attitude?

Yes No

Summer Ministry Schedule

1. You will participate in 2 weeks of training to prepare you for partnering with summer volunteers and other experienced CEF volunteers for the Summer 5 Day Club Program. The clubs are 90 minutes in length, and we hope to be running a morning and afternoon club, some weeks both depending on demand. We may also offer an evening option occasionally.
2. The 2 times of required training are overnight camp on **June 16-22nd in Lynchburg VA (expenses paid)** then practice clubs/training in the area during the week of **July 1-3 locally**.
3. You will need to commit to coordinating 5 Day Clubs the following 4 weeks:
 - o July 8-12
 - o July 15-19
 - o July 22-26
 - o July 29-Aug.2

4. Do you have a driver's license? Yes No License #

5. Will you have a car available to drive this summer? Yes No Make/model:

6. Are you covered by an insurance policy for your vehicle? (If applicable) Yes No

a. Company Name:

b. Address:

LEADERSHIP TRAINING SCHOOL INFORMATION

Do you have any health conditions or physical challenges that would require special services?

If yes, please indicate the types of special services you may need: Yes No

REFERENCES:

You will need to submit **three reference forms along with this application.** (See forms attached).

Does CEF of Northwest MD have your permission to contact these references? **Yes** **No**

*Please ask three individuals that know you to fill out the forms and to send them to the address provided.. Family members **should not** be used as references.*

Reference # 1: Pastor or Youth Pastor

Name & Position: _____ Length of acquaintance: _____

Church Name: _____

Phone # _____ Email: _____

Reference # 2: Teacher or Mentor

Name & Position: _____ Length of acquaintance: _____

Church Name: _____

Phone # _____ Email: _____

Reference #3: Mature Adult

Name & Position: _____ Length of acquaintance: _____

Church Name: _____

Phone # _____ Email: _____

**Please have all references fill out the attached recommendation forms
and mail back to Northwest MD CEF.**