

# Oregon CYIA Student Application Packet

**Registration Deadline: May 15** (or as required by your local area)

**Forms to be completed and returned to your local chapter\*:**

1. [Application Packet Cover](#) (page 1)
2. [CYIA Registration Form](#) (page 2)
3. [Confidential Screening Form](#) (page 3-4)
4. [Background Check Authorization](#) (page 5)
5. [Medical Questionnaire](#) (page 6)
6. [Statement of Faith/Doctrinal Protection Policy](#) (page 7)
7. [Pastor Reference Form](#) (page 8)

Local Chapter Contact Information:

**Reference information to be reviewed and kept:**

8. [Child Protection Policy](#) (Page 9-10)
9. [Code of Conduct/Dress Code](#) (Page 11)

For more information about CYIA go to:  
[www.cefpdx.org](http://www.cefpdx.org) or [www.christianyouthinaction.com](http://www.christianyouthinaction.com)  
Or contact your local CEF director.

\* If you don't know your local chapter address or contact info., you may call the CEF state office, 503-364-6499. Or email Annie at [cefor123@aol.com](mailto:cefor123@aol.com)

## **New student applicant** (or if more than a year has lapsed since applying)

- Please read, complete, and sign and return forms 2-6 (listed above) to your local CEF office.
- Read the *Code of Conduct/Dress Code* and sign the bottom of the *CYIA Registration Form*
- Enclose \$50 Registration Fee (non-refundable). Total cost is \$310 (including registration fee)
- Read** the *Child Protection Policy* and **listen** to the Protecting Today's Child presentation by calling the toll-free number 866-878-4182.
- Give your pastor (youth pastor) the *Pastor's Reference Form* and have him/her complete it and return it to the local CEF office in the envelope provided.

## **Returning student**

- Complete the *Registration Form*, *Background Check Authorization Form*, *Medical Questionnaire* and return them to the local CEF office (along with the signed statement below).
- Enclose \$50 Registration Fee (non-refundable). Total cost is \$310 (including registration fee)
- Read** the *Child Protection Policy* and **listen** to the Protecting Today's Child presentation by calling the toll-free number 866-878-4182.
- Give your pastor (or youth pastor) the *Pastor Reference Form* and have him/her complete it and return it to the local CEF office in the envelope provided.
- Review the other documents (*Confidential Screening Form*, *Statement of Faith/Doctrinal Protection Policy*, *Code of Conduct/Dress Code* & *Child Protection Policy*) and sign the statement below. Return it to your local CEF chapter office in the envelope provided.

*I have signed these papers within the last 5 years and I am still in agreement with the CEF Statement of Faith and Doctrinal Policies. I verify that the statements I made on the Confidential Screening Form are still correct. (Make any necessary corrections on the Confidential Screening Form)*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Chapter \_\_\_\_\_



# Christian Youth In Action<sup>®</sup> Oregon Training School Registration Form

CEF of Oregon  
PO Box 7297  
Salem OR 97303  
Phone: 503.364.6499

**Please print clearly**

This will be your \_\_\_\_\_ year attending the Christian Youth In Action (CYIA) Training School. (Students will not move to the next CYIA level if he/she did not teach at least three 5-Day Clubs<sup>o</sup> or two 5-Day Clubs and another ministry that is the equivalent.)

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female  Birthdate (Mo/Day/Yr) \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name by which you prefer to be called (for your name tag) \_\_\_\_\_ Grade of School Entering \_\_\_\_\_

Name of Parents or Guardian: \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Why do you want to attend CYIA? \_\_\_\_\_

Have you ever led someone to Christ? \_\_\_\_\_ When/where? \_\_\_\_\_

Does your church plan to use you in any kind of ministry this summer? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Do you have any physical problems that would hinder your ability to serve as a CYIAer? \_\_\_\_\_ If so, please explain briefly: \_\_\_\_\_

Are you able to speak another language fluently? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Do you use tobacco in any form? \_\_\_\_\_ Do you ever drink alcoholic beverages? \_\_\_\_\_ Do you abuse drugs in any form? \_\_\_\_\_

### CYIA Teachers Agreement

1. I will follow orders of those in authority over me.
2. I have read and understand the **CYIA Dress Code and Code of Conduct** and I am willing to cheerfully conform to these standards.
3. I will commit to attending the entire week-long Training School.
4. I have enlisted at least two people to be Prayer Partners for my ministry while involved in *Christian Youth In Action*.
5. I will work in at least three 5-Day Clubs ( or two 5-Day Clubs and another ministry that is the equivalent of teaching in a 5-Day Club) this summer, following the CYIA Training School.
6. I will commit to the additional requirements made by my local church or CEF chapter (as defined by your local director).

**I have read the CYIA Teachers Agreement, Code of Conduct and Dress Code and I am willing to cheerfully conform to it.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Transportation Release:** I hereby release my child, named above, to be transported to and from ministry locations during the Christian Youth In Action Training Week and subsequent summer ministries.

**Photo Release:** I give my permission to use photos taken of my child for Child Evangelism Fellowship promotional purposes only. (Unless otherwise stated)

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(if applicant is under 18 years of age)

# Confidential Screening Form

## Child Evangelism Fellowship of Oregon, Inc.®

This screening form is to be completed by applicants for any position, paid or volunteer, involving CEF® ministries and will be used to help CEF provide a safe and secure environment for children. This is not an employment application. Anyone interested in employment by CEF will also need to complete an employment application form (obtained through the State Office).

Realizing the spiritual need of boys and girls in our own community and throughout the world, I would like to assist in the work of the *Child Evangelism Fellowship*® (CEF).

Date \_\_\_\_\_

I. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Identity confirmed with a state driver's license or other photographic identification.

II. Name & Address of Church now attending: \_\_\_\_\_

Pastor's name & phone no. \_\_\_\_\_

List Names and addresses of other churches you have attended regularly during the past five years:

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

III. Name, Address & Phone of two references (pastor/church leader/personal, non-family or employer/former employer).

1) \_\_\_\_\_

2) \_\_\_\_\_

IV. The following policies reflect our commitment to provide protective care of all children, youth and volunteers who participate in any CEF activities.

1. Individuals who have committed child sexual or physical abuse may not volunteer service in any CEF sponsored activity or program for children or youth.
2. CEF workers should observe the "two worker" rule in what is considered to be high isolation settings. This requires that workers are never alone with children or youth without a CEF approved partner in those settings.
3. CEF workers must comply with CEF reporting procedures regarding any behavior which seems abusive or inappropriate.

I agree to sign the Doctrinal Protection Policy annually without reservation and adhere to the policies of CEF if I teach or counsel the children, or serve on the Local Committee or State Board.

In offering my services I trust the Lord will make me a faithful servant, and should problems arise between CEF and me which cannot be fully reconciled, I will quietly withdraw to preserve the harmony essential to an effective Christian witness.

If teaching the Bible lessons I will exclusively use materials approved by the *Child Evangelism Fellowship Inc.* I realize that CEF is without specific denominational affiliation. In becoming a co-worker with CEF, I accept the responsibility to conduct my participation in the work in such a manner as to avoid any distinctive denominational interpretation in my teaching.

<u>Mark Type of Position:</u>	
[ ]	Camp Staff
[ ]	Children's Worker
[ ]	CYIA Staff
[ ]	CYIA Student
[ ]	Summer Missionary
[ ]	Office/Secretarial
[ ]	Other: describe
-----	
Circle Appropriate Description:	
Paid / Volunteer	

V. How and when did you become a Christian?

What Christian service involving children have you previously been involved in? (Include organization name & address, type of work performed, & dates)

Bible teaching experience, especially with children:

VI. Have you ever been dismissed from rendering service to children or youth for reasons other than the expiration of the normal term of such service? Yes \_\_\_ No \_\_\_ If yes, state the name of the institution involved, it's location, the name of the director, and the time and nature of the circumstances under which you were dismissed on separate paper.

The information contained in the screening form is correct to the best of my knowledge. I hereby release any individual, church , youth organization, employer, charity, reference, or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

1. I have read and fully understand all questions requested in this form.
2. I certify that all answers given by me are true, accurate and complete.
3. I understand that the completion and/or execution of this screening form does not insure me a volunteer position, nor does it obligate me or the organization in any way.
4. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice.
5. I authorize the organization to contact the personal references listed herein, and authorize such references to give any information (including opinions) they may have regarding my character and fitness for children's work.
6. I have read the CEF "Child Protection Policy" Fact sheet and agree to follow all policies and procedures in handling any child abuse situation that may arise.
7. I will complete and present a Background Check Authorization form to *Child Evangelism Fellowship*.
8. If accepted for service, I agree to abide by the policies of *Child Evangelism Fellowship, Inc.*
9. I acknowledge my responsibility to be careful and conscientious in reporting any suspicions of child abuse to my CEF representative.
10. If applying for a teacher's position, I will also read & sign the "Teachers Agreement."

This is a legally binding agreement which I have read and understood.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature If applicant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

# Background Check Authorization

Child Evangelism Fellowship of Oregon, Inc.®

Release Authorization:

1. In connection with my future involvement as a staff member or volunteer working with children, I understand that CEF will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church or non-profit organization, reference, or insurance company contacted by CEF or its consumer reporting agency or its agents, to furnish the information described below.
4. I understand that if any of those records contains information which is used to deny my employment with, or involvement in ministry with the *Child Evangelism Fellowship*, I will be notified of my rights and where I can obtain a copy of the information.

**Identifying Data: (Please print and use black or dark blue only)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

—  
Driver's License#: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Expiration Date \_\_\_\_\_

**Background Information:**

Maiden name/other names: \_\_\_\_\_

Previous Addresses for the past 5 years: \_\_\_\_\_

- A. Have you ever been convicted of a sex-related crime?  Yes  No  
 If yes, was the conviction in Oregon or another state? (Please specify if in another state) \_\_\_\_\_  
 If yes, did the crime involve force or minors?  Yes  No
- B. Have you ever been convicted of a crime involving violence or the threat of violence?  Yes  No  
 If yes, was the conviction in Oregon or another state? (Please specify if in another state) \_\_\_\_\_
- C. Have you ever been convicted of a crime involving criminal activity in drugs or alcohol?  Yes  No  
 If yes, was the conviction in Oregon or another state? (Please specify if in another state) \_\_\_\_\_
- D. Have you ever been convicted of any other crime except a minor traffic violation?  Yes  No
- E. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal?  
 Yes  No

By signing below, you hereby release Child Evangelism Fellowship and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. You may be contacted as indicated above. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CEF of Oregon Chapter: \_\_\_\_\_

All information acquired will be used within the Child Evangelism Fellowship organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.

**NOTE:** Your SSN **will not** appear on any documentation other than this form. Any report as delivered to your local CEF® chapter **will not** delineate your history. It will simply designate that you are, or are not able to participate in activities with children or youth.

# Christian Youth In Action<sup>®</sup> Medical Questionnaire

(To be filled out by parent or guardian, if applicant is under 19)

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Medical Coverage for Applicant:

Name of Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_

Address of Company \_\_\_\_\_

Note: CYIA Students are covered by accident insurance while at the CYIA Training School.

Is the applicant subject to:	Yes	No	Has the applicant had:	Yes	No
Asthma			Chicken Pox		
Hay Fever			Rheumatic Fever		
Epilepsy			Mumps		
Food allergies			Rubella (German Measles)		
List: Allergies to medications			Measles		
List: Other allergies (flowers, grasses, etc.)			Serious reaction to bee sting		
List:					

Date of last tetanus shot: \_\_\_\_\_

Does the applicant have: (Circle answer)

Diabetes ..... Yes No

Hypoglycemia ..... Yes No

Is the applicant on a special diet ..... Yes No

If so, what is it? \_\_\_\_\_

Has applicant had any illness requiring a visit to the doctor or hospital in the last 3 months?..... Yes No

If so, what was the health problem? \_\_\_\_\_

Please list any prescription drugs being brought by the applicant:

Name of Medication	What it is for:	Dosage

Please list any non-prescription drugs being brought by the applicant that you give permission for him/her to keep and take at his/her own discretion. \_\_\_\_\_

\_\_\_\_\_ I understand that if the applicant is sick over 36 hours, I will have to arrange for other transportation home. In case of medical emergency, I hereby give permission to the physician selected by the school nurse to secure proper treatment for my child as named on this form. (You will be notified as soon as possible in a case of serious injury or illness.)

Signature of parent or guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If unable to notify me in case of emergency, please contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Child Evangelism Fellowship® Statement of Faith\*

We Believe:

1. *That "All Scripture is given by inspiration of God,"*
2. *The godhead eternally exists in three persons, the Father, the Son and the Holy Spirit.*
3. *In the personality and Deity of the Lord Jesus Christ.*
4. *In the personality and Deity of the Holy Spirit.*
5. *That man was created in the image of God, after His likeness, as stated in the Word of God, but the whole human race fell in the fall of the first Adam.*
6. *That Jesus Christ became the sinner's substitute before God, and died as a propitiatory sacrifice for the sins of the whole world.*
7. *In the resurrection of the crucified body of Jesus Christ.*
8. *That Christ in the fullness of the blessings He has secured by His death and resurrection is received by faith alone.*
9. *That the Church is composed of all those who truly believe on the Lord Jesus Christ as Savior.*
10. *That all believers in our Lord Jesus Christ are called into a life of separation from worldly and sinful practices.*
11. *In the evangelization of the world.*
12. *In the personal return of our Lord and Savior Jesus Christ.*
13. *That the souls of those who have trusted in the Lord Jesus Christ for salvation do at death immediately pass into His Presence.*
14. *That the souls of the lost remain after death in misery until the final judgment of the great white throne.*
15. *In the reality and personality of Satan.*

### Doctrinal Protection Policy

Child Evangelism Fellowship continues in its commitment to its "Statement of Faith," which embodies the non-negotiable and historic beliefs of evangelical Christians.

Within the community of evangelical believers various distinctives exist which do not prevent our fellowship in the Lord and our effectiveness as child evangelists.

We therefore resolve that CEF workers are qualified by their unreserved commitment to CEF's "Statement of Faith" and their further commitment in all CEF activities to refrain from teaching or otherwise advocating doctrinal distinctive either contrary to or in addition to the "Statement of Faith."

### Child Evangelism Fellowship Worker's Compliance Agreement

Recognizing the spiritual need of boys and girls in our community and around the world, I would like to assist in the work of Child Evangelism Fellowship (CEF).

I understand that CEF is without specific denominational affiliation, and have read the "Statement of Faith" and CEF Doctrinal Protection Policy. In becoming a co-worker with CEF, and in order to protect the ministry, I agree not to propagate or practice in CEF ministries any distinctive or controversial doctrines, methods, and practices that would go beyond the CEF "Statement of Faith" and the approved CEF curriculum. These would include but not be limited to such things as modes of baptism, alteration of the Gospel message, speaking in tongues, interpretation of Scripture by experience, healing on demand, etc. I understand that anyone who does not adhere to this agreement cannot work with CEF as paid staff or volunteer.

In teaching Bible lessons in core CEF programs I will use exclusively materials approved by CEF.

In offering my services I trust the Lord to make me a faithful servant, and should problems arise between CEF and me that cannot be fully reconciled, I will quietly withdraw to preserve the harmony essential to having an effective Christian witness.

By signing below, I indicate:

- a) My agreement with the "Statement of Faith" and that
- b) I will abide by the above *Worker's Compliance Agreement*, and that
- c) I have read the *Child Protection Policy* and have called and listened to the *Protecting Today's Child* presentation (866-878-4182), and that
- d) I will abide by the policies of CEF as long as I am actively involved.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

\* This is a summary of the Statement of Faith, the complete text may be found at [www.cefonline.com](http://www.cefonline.com) (under About Us →Statement of Faith)



Since 1937

**CEF**  
CHILD EVANGELISM  
FELLOWSHIP®

Reaching children worldwide™

**Christian Youth in Action®** Reference Form  
(Pastor or Youth Pastor)

Applicant's Full Name: \_\_\_\_\_

The applicant has applied for admission to the Child Evangelism Fellowship® Christian Youth In Action® training program and has requested that you give a recommendation. A personal recommendation gives insight into a person that would be very helpful in determining the student's ability to handle a seven day, full program of various training classes, teaching a 5-Day Club® each afternoon and open-air ministry, as well as handling relationships outside of the classroom. Please be candid and objective.

How long have you known the applicant? \_\_\_\_\_ In what relationship? \_\_\_\_\_

How well do you know the applicant? (Circle one) Casually Well Very Well

Is there any reason known to you why the applicant should not work with children? (Circle one) No Yes

If yes, please comment: \_\_\_\_\_

Applicant's relationship with others generally (circle one) Poor Fair Good Very Good Excellent

What is the applicant's attitude toward authority? (circle one) Poor Fair Good Very Good Excellent

When asked to follow direction from God-ordained authorities, this applicant generally responds with: (circle one) Respectful Obedience Outward compliance with a negative attitude Willful noncompliance

What is the applicant's general outlook? (Circle one)

Negative Negative/Positive Positive/Negative Positive

Has the applicant been active in the church? \_\_\_\_\_ If so, in what capacities? \_\_\_\_\_

Does the applicant work well with others? (Circle one) Yes No If no, please comment: \_\_\_\_\_

How teachable is the applicant? (Circle one) Poor Fair Good Very Good Excellent

Please comment \_\_\_\_\_

Is the applicant dependable? (Circle one) No Sometimes Usually Yes

How would you rate the applicant's standards for Christian living? (Circle one)

Poor Fair Good Very Good Excellent

Would you recommend that we accept this applicant? (Circle one) No Questionable Yes

Further Comments:

Name: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

# POLICY

---

The USA Child Protection Policy was approved by the International Board of Trustees on September 20, 1996 and revised May 2006, January 2007, May 2007, May 2009, September 2009, September 2010).

Child abuse is defined as any verbal or sexual abuse, sexual exploitation or infliction of injury. Examples of sexual abuse are: rape, incest, sodomy, lewd or lascivious behavior which includes wrong types of speech or touching.

In order to protect the child from abuse and our workers from false accusations, the following steps must be taken:

1. Volunteers (who come in contact with minors), paid staff and board/committee members must be screened by interview prior to serving with Child Evangelism Fellowship®.
2. All workers (paid and volunteer) must be trained in the Child Protection Policy by hearing or viewing a USA Ministries *Protecting Today's Child* presentation.
3. All workers (paid and volunteer) must read, understand and sign a statement agreeing to follow the policies and procedures concerning child protection and reporting as prescribed by USA Ministries.
4. Children must not be left unsupervised while in our care.
5. Two CEF® workers (paid or volunteer) must be present at any CEF activity or ministry setting where children are present.
6. Even when ministry to children is not taking place, an additional adult or minor must be present when two workers are together and one is a minor, unless the minor's parent has signed a waiver.
7. All rooms used by adults and minors together must be accessible (no locked doors) and with open visibility a window in the door or the door left wide open).

9. Overnight activities sponsored by CEF involving minors must be approved by the local or state director and the local committee or state board.
10. All suspicious or inappropriate behavior between a CEF worker (paid and volunteer) and a minor must be reported to supervisory staff and investigated immediately.

Unless specified the following must be completed for volunteers who come in contact with minors, for paid staff and board/committee members:

- a. Confidential Screening Form.
- b. Request for Background Check Authorization.
- c. Conduct criminal background check.
- d. Conduct personal interview.
- e. Review *Protecting Today's Child* presentation.
- f. Read Child Protection Policy.
- g. Check personal and church references from Confidential Screening Form (for all paid staff, camp and overnight activities staff).

## Criminal Background Check Requirements

- Volunteers (15 years old and older)
  - Minimum requirement
    - National Criminal Data base Search

- .State check for all addresses in past five years

### **Criminal Background Check Screening Rules**

Check reference in cases where the applicant has a criminal record or other red flag that does not necessarily disqualify them from participation in CEF Ministries.

The following would prevent a person from working with *CEF*:

- Any crime against children. No exemptions will be granted.
- Any sex crime of any type. No exemptions will be granted.
- Any felony convictions. Exemptions require the approval of the district director or associate director.
- Exemption reports must be filed with the vice president of USA Ministries.

### **Rescreening Requirements**

- The background check must be rerun for any workers who have not been active within one year.
- Every five years a background check must be rerun.
- The *Protecting Today's Child* presentation should be reviewed annually.
- For a worker transferring to another area, the Screening Procedure Checklist with the transfer information completed needs to be obtained from his former location. If the background screening was conducted more than five years prior, the transferred worker should be processed as you would a new worker.

### **Ensuring Compliance**

- The local committee chairman is responsible for ensuring compliance with the Child Protection Policy within his local chapter. Each year the local

committee chairman will validate compliance by signing the Child Protection Policy Compliance Verification Form and sending it to the state board chairman.

- The state board chairman is responsible for ensuring compliance with the Child Protection Policy yearly, within his state. Yearly, the state board chairman will confirm compliance by signing the Child Protection Policy Compliance Verification Form for the state and sending it to USA Ministries.
- USA Ministries will monitor to ensure 100% compliance with this policy.

### **Reporting Obligations**

When anyone who is employed by Child Evangelism Fellowship® has reasonable suspicion that a minor is being abused by a *CEF* employee or volunteer, or is himself accused, or someone whose action would reflect on *CEF* is accused, the following action must be taken:

- **Call USA Ministries as soon as possible and within 24 hours. Notify your next higher office that this step has been taken.**
- Any person suspected of child abuse will, upon request, voluntarily relinquish or be removed from duties which involve direct contact with minors until the matter is completely resolved.
- USA Ministries will give counsel regarding the future ministry of the accused staff member or volunteer.

**WARNING:** Failure to follow reporting procedures of USA Ministries may result in termination of all *CEF* workers responsible in this reporting process.

Notwithstanding any statement herein, all *CEF* staff and volunteers shall fully abide by all state child abuse reporting requirements.

# CEF of Oregon *Christian Youth In Action* Training School Code of Conduct and Dress Code

## General Standards of Conduct

As young people serving the LORD, we are responsible in our relationship with our:

- Teammates
- CYIA Staff members
- Host families where you teach
- Children whom you teach
- The CEF organization
- Your church

Our appearance, dress, conversation and action will either help or hinder the cause of Christ and the message we want to bring. At all times conduct should be such that would bring honor and glory to the Lord Jesus Christ. Bringing reproach to the name of Christ, or failure to adhere to the CYIA Dress Code and Code of Conduct may result in being sent home from the CYIA Training School.

1. **Attendance:** You are expected to attend all sessions unless granted permission by the Director of the CYIA Training School or nurse. Anyone who has to miss more than one day of training due to illness will be required to return home. All prescription drugs are to be kept by the nurse. You will be responsible to get your medicine from her at the designated times.
2. **Nametags:** Wear your name tag to all meals and sessions and while out during ministry. Wear only your own name tag.
3. **Dorms:** Each person is responsible to keep his/her belongings in proper order in the dorms. Personal area should be kept neat and free of clutter. Blinds should be pulled, especially at night or when dressing. Do not lock the door. Others' belongings are off limits.
4. **Meal times:** Each student must be present and remain at the table until dismissed.
5. **Grounds:** All paper should be put into proper containers, not thrown on the ground. Do not leave the grounds except for supervised activities. Do not bring candy, gum, snacks, soda pop, etc. We are respecting Aldersgate Conference Center's rules!
6. **Recreation:** This will include organized sports and other supervised activities. You may choose your level of participation but you must stay in these areas during this period of time.
7. **Phones:** For incoming messages, call (503) 910-6191 (Rod Franz) or 503-548-7726 (Ron Imig). For emergency calls only—(503) 743-2494 (Aldersgate office).
8. **Electronic devices:** You are entering an "Electronic Device Free zone." Radios, clock radios, all forms of electronic devices (ipods, MP3s, games, cell phones, laptop computers, etc.) are not allowed.
9. **Relationships:** Friendship with Christians of the opposite gender are beneficial in social, spiritual, and leadership development. Therefore, you may talk, walk, sit, and dine with them at appropriate times.
10. **Mail:** Mail goes out each day. Exact times will be announced. The mailing address is as follows:  
 [Student's Name]—CYIA  
 Aldersgate Camps & Retreats  
 7790 Marion Rd SE  
 Turner OR 97392

## CYIA Dress Code

**For Campus, Classroom & Ministry:** Bring clothing that is neat, clean and in reasonably good condition.

Students may not wear

- Clothing that is too tight (form fitting) or that exposes midriffs, backs, undergarments, revealing necklines, etc.
- Pants with low waist lines. Pants shall not extend below the heel of the shoe.
- Clothing with writing, slogans, pictures or symbols that are objectionable
- Earrings (for men)

Rule of thumb: Dress or shirt sleeves should come to the outer edge of the shoulder. The bottom of dresses, skirts or pants should be below the knee.

**For Recreation:** Sweats & shorts are allowed only during recreation. Shorts must have at least a 6 inch inseam.

If you have any questions, be sure to ask your CEF Director, or staff member before you pack to come to the CYIA Training School. **Do not bring** any clothing not permitted by the above instruction.