



The information provided on this form will be used by the Local Interchange Committee to pair the youth delegate with his/her partner. It will also help the partner delegates get to know each other before their visits. Each section should be completed with as many details and descriptive terms as possible, to help the committee make the best possible match for the delegate.

Attach Recent Photo

Please type or write neatly using black ink.

<b>Interchange No.</b>	
<b>Your Chapter</b>	

**1. YOUTH DELEGATE**

**1.1 PERSONAL INFORMATION**

<b>Name</b>				<b>Nickname</b>	
<b>Date of Birth</b> <small>(day-month-year)</small>		<b>Sex</b> <small>(M or F)</small>		<b>Passport Nationality</b>	
<b>Permanent Address</b>	<b>Number &amp; Street</b>				
	<b>Town/City</b>				
	<b>Area/State/Province</b>				
	<b>Post Code</b>		<b>Country</b>		
<b>Address During the Program</b>	<b>Number &amp; Street</b>				
	<b>Town/City</b>				
	<b>Area/State/Province</b>				
	<b>Post Code</b>		<b>Country</b>		
<b>Telephone(s)</b>					
<b>Parent email</b>			<b>Delegate email</b>		

<b>Home Language(s)</b>						
<b>Foreign Languages Spoken</b>		<b>Check if Fluent</b>		<b>Check if Fair</b>		<b>Check if Little</b>
<b>Foreign Languages Written</b>		<b>Check if Fluent</b>		<b>Check if Fair</b>		<b>Check if Little</b>
<b>CISV Background</b> <small>(Programs, Family Involvement)</small>						

## INTERCHANGE INFORMATION FORM FOR YOUTH DELEGATES

<b>Travel Experience</b> (with parents)	
<b>Travel Experience</b> (without parents)	
<b>Living Abroad Experience</b> (Specify country, date, duration)	

### 1.2 HEALTH CONDITIONS

*(This information will be used to make your stay safer in the host country.)*

<b>Dietary Restrictions</b> (Please specify)	
<b>Health Restrictions</b> (Specify and note effects on daily life and activities)	
<b>Any Medication Necessary</b> (Identify type, name of medicine, dosage and times of application)	
<b>Allergies</b> (Specify type, reaction and treatment required)	
<b>General Physical, Emotional &amp; Mental Condition</b>	
<b>Swimming Ability</b>	

## 2. HOST HOME INFORMATION

### 2.1 ABOUT THE FAMILY

Mother			
<b>Family Name</b>		<b>First Name</b>	
<b>Occupation</b>		<b>Telephone</b>	
<b>Language(s) Spoken</b>			

FATHER			
<b>Family Name</b>		<b>First Name</b>	
<b>Occupation</b>		<b>Telephone</b>	
<b>Language(s) Spoken</b>			

## INTERCHANGE INFORMATION FORM FOR YOUTH DELEGATES

<b>Which adult(s) will look after the delegates during the Interchange?</b>	
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*People living in the home with the Youth Delegate*

Name	Relationship	Age	Language(s)

### 2.2 HOSTING INFORMATION

<b>Domestic Duties</b> (that will be expected of the youth delegate and his/her partner in your home)	
<b>Animals</b> (type, whether in the home or outside)	
<b>Is it a problem for the youth delegate to stay in a home with animals?</b> (If yes, describe which kind)	
<b>Religion</b> (Specify if you want the delegate to attend religious services while being hosted, if possible. Of his/her own faith, or the host's?)	

### 3. PARENT STATEMENT

#### 3.1 FAMILY DESCRIPTION

Please describe your family, especially considering the following:

- Individual and family interests and major activities
- Specific tastes in music, books, art, etc.
- Food habits and preferences
- Anything else of interest for your partner Leader/Junior Leader

*(This box will expand as you type to contain your text.)*

## INTERCHANGE INFORMATION FORM FOR YOUTH DELEGATES

### 3.2 HOSTING DESCRIPTION

Please describe your home and schedule during the Interchange, including the following:

- Type of home (single family detached house or multi-family apartment building, in the city or in the country, etc.)
- Will your guest have his/her own room, or share? (If sharing, with whom?) Will your guest have his/her own bed or share? (If sharing, with whom?)
- Recreational facilities available (musical instruments, swimming pool, fitness center, distance from downtown or community center, etc.)
- Transportation: public or private? Car, bus, train?

(This box will expand as you type to contain your text.)

### 3.3 RECIPROCAL HOSPITALITY

*The hosting family is to pay expenses for the visiting youth delegate, in the same way as for their own child (e.g. the cost of the group's hosting activities, as well as transportation, sightseeing, trips and meals that are not part of the group's hosting calendar). This will include meals, transportation, sightseeing, and Family Week trips. Personal expenses should be paid by the visiting delegate from his/her own pocket money. When necessary, parents must arrange for transportation for group activities.*

Please check here to acknowledge that you have read and agree to observe CISV's Interchange policy on reciprocal hospitality, found in the Interchange Guide and stated above.

### 3.4 DESCRIPTION OF YOUR CHILD

Please type on another piece of paper, as honestly and fully as possible, about your child. This information will be most helpful in assisting the Local Interchange Committee to place your child in the best environment to encourage growth, learning and sharing. Your comments will also inform your child's host family abroad about your child. Please include:

- Overall personality, temperament, needs and interests
- Relationship with each member of the family
- Relationship with others (peers, adults, relatives, elderly and young children)
- Reaction to meeting new people and new situations
- Reaction to disagreement
- Reactions to being away from family in the past
- Factors that you believe should be considered in placing your child in a new environment

## INTERCHANGE INFORMATION FORM FOR YOUTH DELEGATES

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4. YOUTH DELEGATE'S STATEMENT	
I like...	
My hobbies are...	
I don't like...	
I get angry about...	
Other people love this about me:	
Other people do not like this about me:	
I wish...	
I can be happy about... <small>(something that doesn't cost anything)</small>	
The ability I would like to have is...	
If I were an adult, I would...	
When I am sad, this helps:	
I expect my best friend to...	
What else I want my Interchange partner to know:	