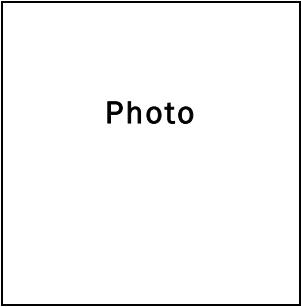




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Photo

# Supplement VYD

## Village Youth Delegate Application Supplement

Applicant's Name \_\_\_\_\_

**Complete the first section by filling in the blanks or checking all the answers that describe you best. Please use your own handwriting.**

### My Family and Home:

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters. Their ages are \_\_\_\_\_.

We play \_\_\_\_\_

like  do not like to play alone. I help at home by \_\_\_\_\_

The thing I like to do best at home is \_\_\_\_\_ My favorite food is \_\_\_\_\_

My least favorite food is \_\_\_\_\_ I  like  do not like to try new things to eat.

### My Friends:

My best friend is \_\_\_\_\_ I like him/her because \_\_\_\_\_

I would rather play  at my house  at my friend's house

because \_\_\_\_\_

### My Pets:

I have a pet \_\_\_\_\_ I  do  do not help take care of my pet(s).

I do not have a pet because \_\_\_\_\_

### My Travels and Adventures:

I have traveled by:  bus  car  airplane  boat  train  bicycle  pony I have visited:  circus  zoo  farm  hotel  dairy

airport  fire station  factory  museum

other \_\_\_\_\_ The best

adventure I ever had was \_\_\_\_\_ I like to read about

\_\_\_\_\_ The best book I ever read was \_\_\_\_\_

I have \_\_\_\_\_ books of my own at home. I  get  do not get books from the library.

**Movie and TV Favorites:**

I watch \_\_\_\_\_ movies each month. I listen to \_\_\_\_\_ on the radio. I watch \_\_\_\_\_ TV programs every day. My favorite TV show is \_\_\_\_\_

**Likes and Dislikes:**

I like \_\_\_\_\_ I do not like \_\_\_\_\_ I am afraid of \_\_\_\_\_ I am not afraid of \_\_\_\_\_ Things I like best about school are \_\_\_\_\_ When I have nothing else to do I like to \_\_\_\_\_

**My Wishes:**

When I grow up I want to be \_\_\_\_\_ If I could have three wishes, they would be:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Please answer the following questions in your own handwriting:**

Have you attended a camp? \_\_\_\_\_ If so, what type of camp? \_\_\_\_\_ What did you like and dislike about the camp? \_\_\_\_\_

Describe any other experiences away from home without your parents. \_\_\_\_\_

Describe a recent happy day in your life. \_\_\_\_\_

How do you imagine you will feel about being away from your home and family for one month? \_\_\_\_\_

**Please read and complete the third page of this supplement outlining Village family responsibilities.**

**Village Family Responsibilities:**

- Host meetings in the home in preparation for the Village experience and as a follow-up after the delegation returns.
- See that the delegate attends scheduled delegation meetings.
- Attend parent meetings and participate in Chapter activities.
- Pay all fees designated by the Chapter by the established deadlines.
- Complete the delegate's passport and visa application, if applicable, within two weeks of selection notification.
- Submit the required CISV Health and Legal Information forms by the established deadlines and obtain any necessary immunizations.
- Decide with the leader and other parents the amount of spending money to take to the Village and comply with that decision.
- Provide emergency money as determined by the delegation leader and Chapter with the understanding that emergency money not used will be returned to parents.
- Cooperate fully with the delegation leader and encourage your child to accept the leader's authority during the preparation and travel phases and at the Village.
- Be informed about the CISV program so that you can provide a positive and supportive atmosphere for your child.
- Help your child understand that he/she is representing the Chapter and the United States as a goodwill ambassador. If a child's behavior is unacceptable at a Village it is the parent's responsibility to make arrangements to bring the child home. According to National CISV policy, children under 16 may not travel unless accompanied by an adult.
- Assist your child in sharing the Village experience at a Chapter meeting and at other non-CISV meetings for publicity purposes if asked.
- Participate in evaluations of the Village experience as requested by the Chapter.
- Support and participate in Chapter activities throughout the year and keep informed of Junior Branch activities so that the delegate can participate.

**Family Acknowledgement:**

We are aware of CISV's policy for selection, preparation, training and the responsibilities of Village delegates and their families. We are prepared to let our son/daughter participate in a CISV Village Program and regard him/her as both physically and psychologically fit to participate. We are also prepared to support our son/daughter in his/her future involvement in CISV.

Signature of Mother/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

