



usa

building global friendship

Parents: This Youth Delegate Application Form may be distributed within the local CISV Chapter for purposes of selection. No further distribution will occur unless your child is selected as a participant.

Youth Delegate Application Form

First Name		Last Name	
Program applying for		Gender	
Birth Date			
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Home Tel			
Home Fax			
Mobile Number			
Office Tel			
Office Fax			
E mail			
Name of School		Grade Level	
School Principal's Name			

Language Ability: Indicate speaking, reading, listening with understanding

Language _____ Fluent Good Fair

Language _____ Fluent Good Fair

What are your interests and hobbies?

What are your activities outside of school?

What is your CISV background?

How did you learn about CISV?

Parent or Guardian Information

Mother's/Guardian's Name

Occupation _____

Business Name and Address

City _____ State _____ Zipcode _____

Business Phone: _____ Fax: _____

E-mail address: _____

Home Address and Phone:

(If different from that of youth applicant)

Father's/Guardian's Name

Occupation _____

Business Name and Address

City _____ State _____ Zipcode _____

Business Phone: _____ Fax: _____

E-mail address: _____

Home Address and Phone:

(If different from that of youth applicant)

Statement of Parents/Guardians

Why do you want your child to be a delegate?

Mother's response:

Father's response:

In what volunteer activities do you participate?

Mother's response:

Father's response:

Are you able and willing to assist in volunteer activities for CISV? Please explain.

Mother's response:

Father's response:

Medical History Information

Is your child currently taking any prescribed medications? Please explain.

Are you willing to provide a statement from your child’s physician as to his or her physical condition?

Please list any allergies, health or dietary restrictions and their effect on your child’s daily life.

National Code of Conduct Agreement

I _____ (name of delegate) do agree with my local CISV Chapter and the National and International officers of CISV to participate fully in (circle CISV Program – Village, Interchange, Seminar Camp, Step Up, or Youth Meeting). I will abide by the guidelines established by CISV International, INFO FILE R-7 (9008), in such manner that will enhance our life together and foster courtesy and understanding between us all. I will not bring or use illegal drugs. If I am under the age of 18 and smoke, I will bring a signed letter of consent from my parents or guardians. If I am in a country where there is no legal age for drinking and I am under 21, I will furnish a signed letter of consent from my parents or guardians. In all cases I will observe the wishes of my host family regarding drinking and smoking as a matter of courtesy. I will observe such sexual morals and behaviors that will not embarrass or injure others (such behaviors having been discussed with my parents/guardians). I understand I will be expected to participate in all CISV activities (games, culture sharing, crafts, singing, dances, meetings and workshops, etc.) and I agree to participate to the best of my ability. I further agree to represent my CISV Chapter in such manner that is consistent with the values of my home, community and country.

I do understand that if I break my agreement, I may be removed from the program at my own expense.

Signature of applicant: _____ Date: _____

Signature of father/guardian: _____ Date: _____

Signature of mother/guardian: _____ Date: _____

Signature of Chapter representative: _____ Date: _____

National Travel Policy

1) Village, Step Up, and Interchange delegations shall travel to and from the site of the approved CISV activity as a group. Travel shall be direct and continuous to and from the CISV activity site. No side trips shall be permitted. No layover in excess of 24 hours shall be permitted unless common carrier schedules require otherwise. Delegation itineraries must be approved by the local Chapter.

2) Penalties - Violations of Section 1 will result in disciplinary action against the Chapter or Steering Committee pursuant to the complaint procedure (83-BOT-2) of CISV, Inc.

3) Individual travel (as in the case of Junior Counselors and Seminar Camp and Youth Meeting participants) other than to and from the site of an approved CISV activity shall be deemed non-CISV travel. CISV assumes no responsibility or liability for an individual while on a side trip or layover in excess of 24 hours.

We understand the CISV policy listed above and if selected, agree to abide by it.

Signature of applicant: _____ Date: _____

Signature of father/guardian: _____ Date: _____

Signature of mother/guardian: _____ Date: _____

We further understand that:

1) Information we have provided in this application may be verified by contacting individuals and agencies other than those listed in this application.

2) We release and hold harmless any individual or organization that provides additional information about us to CISV. We also agree to hold harmless any officers or volunteers of CISV International, CISV USA, or the local Chapter of CISV.

3) By signing this application form we confirm that all the information we have given is true and complete.

Signatures:

Signature of applicant: _____ Date: _____

Signature of father/guardian: _____ Date: _____

Signature of mother/guardian: _____ Date: _____

Note to ALL Youth Applicants Thank you for your interest in CISV. Please complete the entire application including the supplement for the specific program in which you would like to participate (if any). The supplements outline additional responsibilities unique to each CISV program. Please provide each of your references with a copy of the Youth Delegate Reference Form.

Village applicants, please complete Supplement VYD (Village delegates must be 11 years of age).
Step Up applicants, please complete Supplement SCYD (Step Ups are for youth ages 14 or 15 years of age)