CISV USA
Building global friendship

# YOUTH DELEGATE APPLICATION FORM

**Note to ALL Youth Applicants** Thank you for your interest in CISV. Please complete the entire application, including the supplement for the program you are applying for (Village/Youth Meeting/Step Up/Fortnight/Seminar). The supplements outline additional responsibilities unique to those CISV programs.

Please provide each of your references (2) with a copy of the Youth Delegate Reference Form. These references should come from 2 people who know the applicant in an extracurricular or academic capacity (examples include teachers, coaches, advisors, after school activity leaders, etc). No family members please. **Please note that any IRF, Incident Report Forms, filed may be considered during selection.**

**YOUTH APPLICANT INFORMATION**

| | | | |
|---|---|---|---|
| **First Name** | | **Last Name** | |
| **Program (Village/Youth Meeting/Step Up/Fortnight/Seminar)** | | **Gender Identity** | |
| **Birth Date** | | | |
| **Racial Identity/Ethnicity** | | | |
| **Street Address** | | | |
| **City** | | | |
| **State & Zip Code** | | | |
| **Home Number** | | | |
| **Cell Number** | | | |
| **E mail Address** | | | |
| **School** | | **Grade Level** | |

**NOTE: This section should be completed by the youth participant.**

**What are your interests and hobbies?**

**What are your activities outside of school?**

**How did you learn about CISV?**

**What is your CISV background?**

## PARENT/GUARDIAN INFORMATION

**Parent/Guardian 1**

| | | | |
|---|---|---|---|
| **First Name** | | **Last Name** | |
| **Street Address (if different from applicant)** | | | |
| **City** | | | |
| **State & Zip Code** | | | |
| **Occupation** | | | |
| **Employer** | | | |
| **Home Number** | | | |
| **Cell Number** | | | |
| **E mail Address** | | | |

## Parent/Guardian 2

| | | | |
|---|---|---|---|
| **First Name** | | **Last Name** | |
| **Street Address (if different from applicant)** | | | |
| **City** | | | |
| **State & Zip Code** | | | |
| **Occupation** | | | |
| **Employer** | | | |
| **Home Number** | | | |
| **Cell Number** | | | |
| **E mail Address** | | | |

**CISV requires that both custodial parents/guardians sign this application form (see last page for signature lines), thus confirming that the applicant has permission from both custodial parents/guardians to travel. If an applicant is selected, all additional required CISV forms can be signed by just one custodial parent/guardian, unless CISV is informed in advance of custody issues that make necessary the signatures of both.**

Check the option that best describes your situation:

- ☐ Parents/guardians are married.
- ☐ Parents/guardians are divorced and share legal custody.
- ☐ Parents/guardians are divorced and one has full legal custody. Name of the parent/guardian with custody: _____
- ☐ Parents/guardians are not married but share legal custody.
- ☐ Parents/guardians are not married and one has full legal custody. Name of the parent/guardian with custody: _____
- ☐ A non-parent legal guardian has full legal custody. Name of the non-parent legal guardian with custody: _____
- ☐ Other (Please specify): _____

*****Documentation of full legal custody must be provided.

**Why do you want your child to participate in CISV?**

**Parent/Guardian 1 Response:**

**Parent/Guardian 2 Response:**

**If you are currently a member of CISV, please list the volunteer activities you take part in with your chapter:**

**Parent/Guardian 1 Response:**

**Parent/Guardian 2 Response:**

**CISV is a global organization run primarily by volunteers. If your child is selected, in what areas of the organization are you interested in volunteering?**

**Parent/Guardian 1 Response:**

**Parent/Guardian 2 Response:**

**Child's Medical History**

**List any allergies or health or dietary restrictions and their effect on your child's daily activities.**

**If your child is selected, a physician's declaration of your child's health and fitness for CISV participation will be required.**

## NATIONAL CODE OF CONDUCT AGREEMENT

I, (applicant's name), do agree with my local CISV Chapter and the National and International officers of CISV to participate fully in (**highlight/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-07 (9008)*, in such a manner that will enhance our life together and foster courtesy and understanding between us all. I will not bring or use illegal drugs. I will not drink or smoke, even if I am of legal age in the country I am visiting. I will observe such sexual mores 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 a manner that is consistent with the values of my home, community and country.

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

*For more info on CISV's Positive Behavior Policy (R-07), click this link.

## NATIONAL TRAVEL POLICY

1) Village, Youth Meeting, and Step Up 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 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.

## IN SIGNING THIS APPLICATION, WE (APPLICANT AND PARENTS/GUARDIANS) CONFIRM THAT:

- ☐ **We have read, understand, and agree to abide by the CISV USA *Travel Policy.***
- ☐ **We acknowledge that we will have to review and sign the *National Code of Conduct* upon selection**
- ☐ **The information we have provided in this application may be verified by contacting individuals and agencies other than those listed in this application.**
- ☐ **We release and hold harmless any individual or organization that provides additional information about us to CISV. We also hold harmless any officers or volunteers of CISV International, CISV USA, or the local Chapter of CISV.**
- ☐ **All information provided on this application is true and correct.**

## SIGNATURES

**Applicant _____ Date _____**

**Parent/Guardian 1 _____ Date _____**

**Parent/Guardian 2 _____ Date _____**

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# Seminar Supplement

**ONLY complete the supplement for the program you are applying for*

Applicant's Name

***Please provide a copy of your birth certificate, passport, or other document that verifies your date of birth.**

Have you applied for Seminar Camp before?

- ☐ Yes
- ☐ No

If Yes, please indicate why you were unable to participate.

Have you been involved in CISV before?

- ☐ Yes
- ☐ No

If Yes, which programs? (Highlight or circle)

Village Interchange Step Up Youth Meeting JC Junior Branch

**Personal References**

Please ask two persons who know you well to provide letters of reference. **One should be from a chapter member and one from someone outside CISV.** Please use the Youth Delegate Reference Form in this application packet. The letter should be emailed to Seminar@cisvusa.org and cisvusa@cisvusa.org.

| REFERENCE NAME | RELATIONSHIP TO APPLICANT |
|---|---|
| 1. | |
| 2. | |

**It is the applicant's responsibility to ensure that the written references are submitted to the National Office by the national deadline. Ideally, written references should be submitted simultaneously with the applicant's completed application. The Local Seminar Chair is not responsible for collecting written references and the application is not complete until the written references are received.**

Chapter Recommendation Form

It is the responsibility of every participant to inform their chapter of their application and encourage them to send an endorsement form from their Local Seminar Chair, Chapter President, or other chapter officer. Endorsements and other comments should be sent to the National Office by the national deadline. This is a separate document than the references listed above.

NOTE: The selection committee will also be happy to receive recommendations from officers/members of the chapter.

Destination Preferences:

Rank every camp with a ranking of P (meaning Preferred, this camp is a top choice), Y (meaning Yes, I will accept if invited), or N (meaning No, I cannot attend this Seminar). You may rank as many camps in each category as you like. Any camp without a ranking will be considered a No. The national Seminar selection committee will do its best to assign you according to your preferences, but not all applicants will receive an invitation to one of their top choices. Rank all camps!

- Please discuss choices with your parents before submitting your application.
- Final dates are not confirmed until February for summer Seminar Camps & October for winter Seminar Camps. Do not buy an airline ticket until you have received confirmed camp dates.

***Participants for Seminar Camps must be 16 or 17 for the entire program. Repeat applicants should complete the application again.**

| Reference No. | Host NA/PA | Host Chapter | Start Date | End Date | Airport | Rank, P, Y N |
|---|---|---|---|---|---|---|
| S-2026-001 | Brazil | Araraquara | 7/4/2026 | 7/24/2026 | GRU/VCP | |
| S-2026-003 | Canada | Toronto | 7/19/2026 | 8/8/2026 | YYZ | |
| S-2026-004 | Denmark | Nordsjaelland | 7/12/2026 | 8/1/2026 | CPH | |
| S-2026-005 | Egypt | Cairo | 7/12/2026 | 8/1/2026 | CAI | |
| S-2026-006 | France | Alsace | 7/11/2026 | 7/31/2026 | SXB | |
| S-2026-006 | France | Alsace | 7/11/2026 | 7/31/2026 | SXB | |
| S-2026-007 | Germany | Lorrach | 8/1/2026 | 8/21/2026 | BSL | |
| S-2026-008 | Great Britain | Leeds and West Yorkshire | 7/25/2026 | 8/14/2026 | LBA | |
| S-2026-009 | Indonesia | Cendrawasih | 6/20/2026 | 7/10/2026 | CGK | |
| S-2026-011 | Mexico | Mexico City | 7/4/2026 | 7/24/2026 | CDMX | |
| S-2026-012 | Mongolia | Mongolia | 6/13/2026 | 7/3/2026 | UBN | |
| S-2026-013 | Spain | Barcelona | 7/11/2026 | 7/31/2026 | BCN | |
| S-2026-014 | Sweden | Malmo-Lund | 7/18/2026 | 8/7/2026 | CPH/MMX | |
| S-2026-015 | Sweden | Vasteras | 6/27/2026 | 7/17/2026 | ARN/VST | |

If you ranked any camps N (No), please briefly explain why in the above space.

**Application Essay:**

Please choose one of the questions below and write an answer using no more than one side of a standard 8 ½ by 11 page.

- Seminar Camps can really be fun but can also be very challenging. What do you think would be the best kind of Seminar Camp for you and how might you try to make it that way?
- How can you be open-minded without risking the loss of who you are?
- Was there a time you really had to stand up for something you believed in? Please describe it. Were you right?

Applicant Verification

I am submitting my application for participation in an International CISV Seminar Camp. I have read, understand, and agree to:

- Respect the decisions of the Seminar Camp Chair and committee.
- Respect the CISV requirements on Behavior and Cultural Sensitivity, as outlined in Info File R-07 the Positive Behavior Policy; R-07 Policy
- Participate in all Seminar Camp participant preparation offered.
- Participate in local Junior Branch (JB) activities before and after my Seminar Camp experience.

| Applicant | Signature | Date |
|---|---|---|
| | | |

Parent / Guardian Verification

I/We are aware of and fully support my child/our child's application for participation in an International CISV Seminar Camp. I/We have read, understood, and agree to:

- Respect the decisions of the Seminar Camp Chair and committee.
- Ensure that our child participates in all Seminar Camp participant preparation.
- Encourage our child to participate in local Junior Branch (JB) activities before and after his/her program.
- Assist our child with Seminar Camp preparations, including (but not limited to) health, legal, travel, and forms.

| | Signature | Date |
|---|---|---|
| **Parent/Guardian** | | |
| **Parent/Guardian** | | |

Seminar Camp Fees

All fees for Seminar Camp will be collected by the **home chapter** and must be received as the chapter's policies indicate. Should a participant withdraw after accepting a placement, that participant's camp fees are non-refundable unless a replacement participant is found. Should an applicant not receive a placement, or have his/her camp canceled and no suitable replacement invitation is available, any fees that the applicant has paid will be refunded.

Questions about fees should be directed to your Local Seminar Chair or Chapter President.

**Application Deadlines**

**CISV USA Deadline:** The National Office must receive completed applications by **January 1st**. Late applications may be accepted. However, those received by the deadline will receive priority. ***For questions or concerns, please contact the National Seminar Camp Chair, Julia Beasley current chair at (seminar@cisvusa.org ) or the Executive Director (cisvusa@cisvusa.org)***.