



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.

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?

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What are your activities outside of school?

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How did you learn about CISV?

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What is your CISV background?

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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 offices of CISV to participate fully in Fortnight. 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, Fortnight 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 _____



CISV USA

Building global friendship

Fortnight Supplement

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

Applicant's Name

Fortnight is a two-week program that focuses on strengthening leadership skills within CISV. It is a domestic program that allows more 16–17-year-olds to participate from all the chapters in CISV USA.

Please answer the following questions:

Why are you applying for Fortnight and what you strive to get out of the program?

Please share 1-2 of your strengths in leadership opportunities you have had along with 1-2 challenges you have run into.

Upon returning from the Fortnight Program, how do you plan to be involved on the local level? How will you use your Fortnight experience to benefit your Chapter?

Please read and complete the next part of this supplement.

Applicant Verification

I am submitting my application for participation in a CISV Fortnight Camp. I have read, understand, and agree to:

- Respect the decisions of the Fortnight Chair and committee.
- Respect the CISV requirements on Behavior and Cultural Sensitivity, as outlined in Info File R-07 the Positive Behavior Policy; Info File R-07
- Participate in all Fortnight participant preparation offered.
- Participate in local Junior Branch (JB) activities before and after my Fortnight 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 a CISV Fortnight Camp. I/We have read, understood, and agree to:

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

	Signature	Date
Parent/Guardian		
Parent/Guardian		