



Please Return Form to:

cincinnati-programs@cisvusa.org

Step Up Youth Delegate Application Form

Child First Name	
Last Name	
Gender	
Birth Date	
Home Address	
Home Phone	
Passport Number	
Name of School	
Current Grade	
Child Email Address	

Language Ability: (Indicate speaking, reading, listening with understanding):

<u>Language</u>	<u>Ability</u>

What are you interest and hobbies?

What are your activities outside of school?

What is your CISV background?

How did you learn about CISV?

Parent/Guardian Information:

	Parent 1 Info	Parent 2 Info
First Name		
Last Name		
Address (if different from child)		
Email address		
Best Phone Number		

Statement of Parents/Guardians:

Why do you want your child to be a CISV delegate?

Parent 1's Response:

Parent 2's Response:

In what volunteer activities to you participate?

Parent 1's Response:

Parent 2's Response:

Would you be willing to assist in volunteer service for CISV? Please explain.

Parent 1's Response:

Parent 2's Response:

Medical History Information:

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

Would you be 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.

CISV requires that both custodial parents/guardians agree to this application form, 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: [Click here to enter text.](#)*
- ☐ 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: [Click here to enter text.](#)*
- ☐ Non-parent legal guardian has full legal custody. Name of the non-parent legal

guardian with custody: [Click here to enter text.*](#)
☐ Other (Please specify): [Click here to enter text..](#)

*Documentation of full legal custody must be provided.

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, and attend 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.

National Travel Policy Delegation Travel

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 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.

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 submitting this application form via email or post we confirm that all the information we have given is true and complete.***

Supplement SYD

Step Up Youth Delegate Application Supplement *(to be completed by Child)*

What type of leadership experiences have you had?

Why would you like to participate in CISV Step Up?

What skills do you have to contribute to Step Up?

What do you think you can learn from Step Up?

A Step Up camp stresses peace education and develops youth leadership through cooperative activities. What is your interpretation of this statement?

Please read the following:

Step Up Family Responsibilities

Step Up participants will:

- Host meetings in the home in preparation for the Step Up 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/Insurance forms by the established deadlines and obtain any immunizations deemed necessary by the public health department.
- Decide with the leader and other parents the amount of spending money to take to the Step Up 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 Step Up.
- 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 Step UP it is the parents' 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 Step Up experience at the Fall Chapter meeting and at other

non-CISV meetings for publicity purposes if asked.

- Participate in evaluations of the Step Up 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 Step Up delegates and their families. We are prepared to let our son/daughter participate in a CISV Step Up Program and regard him/her both physically and psychologically fit to participate. We are also prepared to support our son/daughter in his/her future involvement in CISV.

By submitting this application by email or post we are attesting to our agreement and the date will be effective on the email or post date.