



Supplement VYD

Village Youth Delegate Application Supplement

Applicant's Name

The Village Applicant should complete the first section by filling in the blanks or checking all the answers that describe you best.

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 _____ 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 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 _____ why? _____

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

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?

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.

VILLAGE SUPPLEMENT SIGNATURE FORM

Signature of Mother/Guardian

Date: _____

Signature of Father/Guardian:

Date: _____

Applicant Signature:

Date: _____

This form must be completed and returned no later than December 31, 2025.

**Please print out your completed form, sign it, and then scan the signed form and email it to the Chapter at
Villagephilly@cisvusa.org**