



## 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

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

**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**

|                                                     |  |                  |  |
|-----------------------------------------------------|--|------------------|--|
| <b>First Name</b>                                   |  | <b>Last Name</b> |  |
| <b>Street Address (if different from applicant)</b> |  |                  |  |
| <b>City</b>                                         |  |                  |  |
| <b>State &amp; Zip Code</b>                         |  |                  |  |
| <b>Occupation</b>                                   |  |                  |  |
| <b>Employer</b>                                     |  |                  |  |
| <b>Home Number</b>                                  |  |                  |  |
| <b>Cell Number</b>                                  |  |                  |  |
| <b>E mail Address</b>                               |  |                  |  |

## 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 \_\_\_\_\_



**CISV USA**  
Building global friendship

## Youth Meeting Supplement

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

Applicant's Name \_\_\_\_\_

### **Please answer the following questions:**

Youth Meeting is a camp featuring individual themes that allow young people to explore intercultural issues in a context. The program reinforces core CISV values, builds leadership and organizational skills, while promoting continued CISV involvement. Please share what this means to you.

What do you like about CISV? Or, if you're new to CISV, what interests you about CISV?

Why would you like to participate in a Youth Meeting?

Pretend that you are your best friend. Describe yourself in their words.

**Please read and complete the next of this supplement outlining Youth Meeting family responsibilities.**

## Youth Meeting Family Responsibilities

Youth Meeting families will:

- Host meetings in the home in preparation for the YM 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 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 Youth Meeting.
- 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 Youth Meeting 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 Youth Meeting delegates and their families. We are prepared to let our child participate in a Youth Meeting Program and regard them as both physically and psychologically fit to participate. We are also prepared to support our child in their future involvement in CISV.

Signature of Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_