YOUTH DELEGATE APPLICATION FORM

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

Please provide each of your references with a copy of the Youth Delegate Reference Form.

YOUTH APPLICANT INFORMATION

First Name		**Last Name**	
Program (Village/Step Up/Interchange/Seminar Camp/Youth Meeting)		**Gender Identity**	
Birth Date			
Street Address			
City			
State & Zip Code			
Home Number			
Cell Number			
E mail Address			
School		**Grade Level**	
School Principal's Name			

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

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			
Office 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			
Office 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:
☐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 1 Response:

Parent 2 Response:

What are your current volunteer activities?

Parent 1 Response:

Parent 2 Response:

Will you be able and willing to volunteer with CISV if your child is selected?

Parent 1 Response:

Parent 2 Response:

Child's Medical History

Does your child take prescription medications? If yes, please elaborate.

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, (Click to enter name of applicant), 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 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.

NATIONAL TRAVEL POLICY

National Travel Policy

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 and Youth Meeting 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 *National Code of Conduct Agreement* and the CISV USA *Travel Policy.***

☐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 1 _____ Date _____

Parent 2 _____ Date _____