



**Parents:**

Electronic Communication/Publication Restrictions (permission assumed unless noted below)

No personal information will be distributed unless your child is selected as a participant

Check the if you do not want your child's communication information distributed locally unless your child is selected as a participant

Check the if you do not want your child's communication information distributed locally within CISV by mail.

Check the box if you do not want your child's communication information published on an official CISV website.

Check the box if you do not want your child's photo/image published by CISV in official publications or websites.

# Youth Delegate Application Form

First Name		Last Name	
Program applying for		Gender	
Birth Date		Social Security Number	
Number & Street			
Town / City			
Area / State / Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Home Tel			
Home Fax			
Mobile Number			
Office Tel			
Office Fax			
E mail			
Passport Number			
Name of School		Grade Level	
School Principal's Name			

**Language Ability: Indicate speaking, reading, listening with understanding**

Language \_\_\_\_\_ ☐ Fluent ☐ Good ☐ Fair

Language \_\_\_\_\_ ☐ Fluent ☐ Good ☐ Fair

What are your interests and hobbies? \_\_\_\_\_

What are your activities outside of school? \_\_\_\_\_

What is your CISV background? \_\_\_\_\_

\_\_\_\_\_

How did you learn about CISV? \_\_\_\_\_

\_\_\_\_\_

## Parent or Guardian Information

Mother's/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address and Phone: \_\_\_\_\_

(If different from that of youth applicant)

Father's/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address and Phone: \_\_\_\_\_

(If different from that of youth applicant)

## Statement of Parents/Guardians

Why do you want your child to be a delegate?

Mother's response: \_\_\_\_\_

Father's response: \_\_\_\_\_

In what volunteer activities do you participate?

Mother's response: \_\_\_\_\_

Father's response: \_\_\_\_\_

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

Mother's response: \_\_\_\_\_

Father'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.

## 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, Summer Camp 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.

Signature of Program Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### **National Travel Policy Delegation Travel**

1) Village, Summer Camp, 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.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of father/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of mother/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **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 signing this application form we confirm that all the information we have given is true and complete.

### **Signatures:**

Youth Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to ALL Youth Applicants** Thank you for your interest in Children's International Summer Villages. Please complete entire application including the supplement for the specific program in which you would like to participate. The supplements outline additional responsibilities unique to each CISV program. Please provide each of your referees with a copy of the appropriate reference form accompanying this application.

**Village Applicants complete Supplement VYD** (Village delegates must be 11 years of age)

**Interchange Applicants complete Supplement IYD** (Interchanges are for youth ages 12-13, 13-14 or 14-15)

**Summer Camp Applicants complete Supplement SCYD** (Summer Camps are for youth ages 13, 14 or 15 years of age)

**Seminar Camp Applicants complete CISV's International Form SCPI.01** (Seminar Camps are for youth ages 17-18)

**Youth Meeting Applicants complete**