

Application Form

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| **Please return this form to** *(executivedirector@cisvusa.org*)**:** |

**If you are filling in the form on the computer, the boxes and page numbers will expand automatically. Otherwise, please feel free to attach additional sheets of paper.**

**Personal Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name |  | | | | |
| **Last Name** |  | | | | |
| **Number & Street** |  | | | | |
| **City** |  | | | | |
| **State** |  | | | | |
| **Country** |  | | Zip code | |  |
|  | **Country Code** | **Area Code** | | **Local Number** | |
| **Tel** |  |  | |  | |
| **Mobile Number** |  |  | |  | |
| **E mail** |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **(Day / Month / Year)** |  | **Gender Identity** | |  | **Nationality/Race** |
| **Date of Birth** |  |  |  | |  |  |
| **Occupation** | | | |  | | |
| **Employer / Academic Institution** (if a student) | | | |  | | |
| **Educational Background** (degree and year) | | | |  | | |

**3. Why would you like to join this committee?**

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**4. Please share the skills and expertise that you will bring to this committee.**

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**5. The CISV USA DEIA Committee is beginning to implement the DEIA Strategy & Action Plan that was released last year. Please tell us the specific areas that you would like to focus on.**

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**6. Is there anything else you would like to share with us about why you would be a good fit for the committee?**

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**10. Applicant -- Please certify that:**

That you are a member in good standing of a CISV Chapter or CISV USA.

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| Applicant’s Signature |  |  | **(Day / Month / Year)** |