

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** |  |  |  |  |  |

 **Please also provide proof of age with this application (e.g. copy of birth certificate or driving licence)**

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| **Occupation** |  |
| **Employer / Academic Institution** (if a student) |  |
| **Educational Background** (degree and year) |  |

**3. Please let us know why you would like to join this committee?**

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**4. Please let us know expertise you might bring to the committee?**

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**5. 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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**6. Explain a situation** in which you sought a creative solution to a recent problem you needed to solve.

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**7. 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)** |