

**YOUTH DELEGATE APPLICATION FORM for FORTNIGHT**

**Note to FORTNIGHT Youth Applicants**: Two references are required.

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

Thank you for your interest in CISV. Please complete the entire application.

**YOUTH APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Program (FORTNIGHT)** |  | **Gender Identity** |  |
| **Birth Date** |  |
| **Street Address** |  |
| **City** |  |
| **State & Zip Code** |  |
| **Home Number** |  |
| **Cell Number** |  |
| **E mail Address** |  |
| **School** |  | **Grade Level** |  |
| **School Principal’s Name** |  |

**What are your interests and hobbies?** Click here to enter text.

**What are your activities outside of school?** Click here to enter text.

**How did you learn about CISV?** Click here to enter text.

**What is your CISV background?** Click here to enter text.

**What do you see as the benefits of Fortnight, a program including participants from the USA only?** Click here to enter text.

**Why do you want to be a part of Fortnight?** Click here to enter text.

**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: Click here to enter text.\*

☐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: Click here to enter text..\*

☐Non-parent legal guardian has full legal custody. Name of the non-parent legal guardian with custody: Click here to enter text.\*

☐Other (Please specify): Click here to enter text..

 **\***Documentation of full legal custody must be provided.

**Why do you want your child to participate in CISV?**

**Parent 1 Response:** Click here to enter text.

**Parent 2 Response:** Click here to enter text.

**What are your current volunteer activities?**

**Parent 1 Response:** Click here to enter text.

**Parent 2 Response:** Click here to enter text.

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

**Parent 1 Response:** Click here to enter text.

**Parent 2 Response:** Click here to enter text.

**Child’s Medical History**

**Does your child take prescription medications? If yes, please elaborate.** Click here to enter text.

**List any allergies or health or dietary restrictions and their effect on your child’s daily activities.** Click here to enter text.

**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.

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Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Parent 1 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Parent 2 Date