# VILLAGE JUNIOR COUNSELLOR (JC) INFORMATION FORM

Please complete the form and return to the staff of your Village 1 month before the beginning of the camp.

Please don’t forget that you need to also send the Travel Information Form and bring to the camp: Health form and Legal insurance form (TWAL for youth participants)

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| --- | --- |
| **Village Reference number** |  |
| **Host National Association** |  | **Host Chapter** |  |

##### JC

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| --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Male** |  | Female |  | **Date of Birth (dd/mm/yyyy)** |  |
| **National Association** |  | **Chapter** |  |
| Given Name |  |
| **Surname** |  |
| **Name you wish to be known by at the village** |  |
| **Number & Street** |  |
| **Town / City** |  |
| **Area / State / Province** |  |
| **Country** |  | Postcode / Zip code |  |
|  | **Country Code** | **Area Code** | **Local Number** |
| **Tel** |  |  |  |
| **Fax** |  |  |  |
| **Mobile Number** |  |  |  |
| **E mail** |  |

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| **In order to ensure a safe environment for all participants and to help us with meal planning, please list all dietary requirements (not preferences) that the staff need to know in advance (e.g. food allergies and their severity, vegetarian, celiac).)** |
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| **Do you have any health requirements that the staff should know about prior to the camp? For example, allergies and their severity, types of activity that you might not be able to participate in?** |
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| **Please add any other information that you would like to share with the organizers/leaders/staff in order to ensure a positive experience?** |
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###### Language Skills

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| **Language** | **Fluent** | **Good** | **Fair** |
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###### Special Skills

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| --- | --- |
| **Folk Dance** |  |
| **Sports** |  |
| **Drama** |  |
| Arts and Crafts |  |
| Other talents |  |

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| --- | --- | --- |
| **Do you have Certification: in** |  |  |
| **Swimming** |  |  |
| **Life Saving**  |  | *Cardiovascular / Pulmonary Resuscitation*? |
| **First Aid** |  |  |

**Previous Experiences in CISV:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **(Programme/Activity)** | **(Place & Country)** | **(Year)** |
| **What CISV programme/activity did you take part as Child/Youth delegate?** |  |  |  |
| **Are you a member of the Junior Branch?** |  |  |  |
| **Other CISV involvement** |  |  |  |

Training

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| --- | --- |
| ****Did you receive specific training for the JC position in your Chapter/NA?**** | **Yes/No** |

Additional Information

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| **What motivates you to be a JC and what are your expectations of the Village?**  |
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| **What activities would you like to see at the Village?** |
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| **What is your experience with 11/12-year-old children?**  |
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| **PHOTOGRAPH OF JC** |
|  |
| **Name you want to be known by at the Village** |
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