



## 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**

|   |  |                  |  |
|---|--|------------------|--|
| <b>First Name</b>                                   |  | <b>Last Name</b> |  |
| <b>Street Address (if different from applicant)</b> |  |                  |  |
| <b>City</b>   |  |                  |  |
| <b>State &amp; Zip Code</b>                         |  |                  |  |
| <b>Occupation</b>                                   |  |                  |  |
| <b>Employer</b>                                     |  |                  |  |
| <b>Home Number</b>                                  |  |                  |  |
| <b>Cell Number</b>                                  |  |                  |  |
| <b>Office Number</b>                                |  |                  |  |
| <b>E mail Address</b>                               |  |                  |  |

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.

Signature of Applicant

Date

\_\_\_\_\_

Parent 1

Date

\_\_\_\_\_

\_\_\_\_\_

Parent 2

Date

\_\_\_\_\_