

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)

Village Reference number			
Host National Association		Host Chapter	

JC

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						

Do you have any dietary requirements that the staff would need to know? (E.g. allergies, vegetarian)

Do you have any other health requirements that the staff might need to know about prior to the camp, any types of activity that you might not be able to participate in?

Language Skills

Language	Fluent	Good	Fair
-----------------	---------------	-------------	-------------

Special Skills

Folk Dance	
Sports	
Drama	
Arts and Crafts	
Other talents	

Do you have Certification:		
Swimming		
Life Saving		<i>Cardiovascular / Pulmonary Resuscitation ?</i>
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

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

Additional Information

What motivates you to be a JC and what are your expectations of the Village?
What activities would you like to see at the Village?
What is your experience with 11/12-year-old children?

PHOTOGRAPH OF JC

Name yoush to be known by at the village