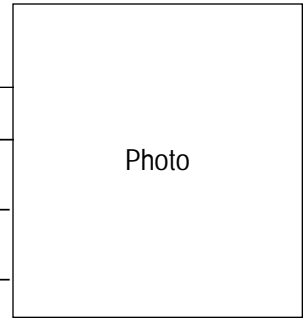




# Supplement IYD

Interchange Youth Delegate Application Supplement



Applicant's Name \_\_\_\_\_

Please list any address(es) where you would host an Interchange partner. \_\_\_\_\_

\_\_\_\_\_

Please list names and ages of brothers and sisters. Put a check beside those living at home with you.

Brother \_\_\_\_\_ DOB/Age \_\_\_\_\_ At Home

Brother \_\_\_\_\_ DOB/Age \_\_\_\_\_ At Home

Sister \_\_\_\_\_ DOB/Age \_\_\_\_\_ At Home

Sister \_\_\_\_\_ DOB/Age \_\_\_\_\_ At Home

Please list any other people besides parents and siblings who live at your hosting address(es):

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

What would be the sleeping arrangements for your guest?

Own room  Share room  Own bed  Share bed

Has anyone in the family had experience with people of another culture? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Has anyone in the family traveled in another country/countries? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

What kinds of pets/animals share your home? \_\_\_\_\_

Why do you want to participate in a CISV Interchange? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use a separate piece of paper to write a letter to an unknown friend and attach it to this supplement.

Please read and complete the back of this page outlining CISV policies and Interchange family responsibilities.

## National Background Check Policy

1. It is the policy of CISV USA that a background check will be done for all CISV Adult leaders, Village and Camp staff, and Interchange families.
2. No selection shall be considered final until this background check has been completed.
3. Chapters and Steering Committees are responsible for conducting these background checks and shall pay all costs.
4. A photocopy of the individual's driver's license and a driver's history shall be obtained as a part of each background check. In addition, the driving record of any individual transporting children as part of a CISV program shall be reviewed to ensure a satisfactory driving history.

## National Insurance Reference Guide, Section 7

It is strongly recommended to all CISV USA Chapters and Steering Committees that the driver of any vehicle for a CISV Program activity be at least 21 years of age.

## Interchange Family Responsibilities

Interchange participants must:

- Be willing to acquire as thorough knowledge of CISV as possible, and be guided by its goal of world peace through understanding and friendship among people.
- Attend and participate fully in all:
  - a) planning and preparation activities for both phases
  - b) program activities during the experience
  - c) mid-phase activities
  - d) evaluation/reflection-closure activities
- Become a member of CISV, and pay the International Interchange fee (non-refundable), as well as fees required by the local Chapter, with payments made in compliance with established due dates.
- Make the guest feel welcome and appreciated, and help him/her feel like part of the family.
- Cover all expenses for the guest in the same way as for any other child in the family, e.g. meals, transportation, excursions, etc. (The guest should have pocket money for personal expenses.)
- Understand the Interchange partners are required to participate in all group activities that have been planned by the group.
- Share with other delegation families expenses incurred by planned group activities.
- Provide for adult supervision of the youth when a parent is not at home.
- See to it that the guest is permitted to, and knows how to contact his/her leader.
- Show respect for and accommodate when possible the cultural values of the guest. Be willing to discuss in a positive way, without prejudice, cultural differences which may exist.
- Pay the traveling expenses of the family's own child and his/her share of the Leader's traveling expenses.
- Purchase the insurance policy required by CISV USA for the traveling phase.
- Comply with International, National, and local requirements regarding completion and submission of documents/forms.
- Correspond with the partner youth/family prior to, during, and after each phase.
- Cooperate with, maintain appropriate contact with, and support the Delegation Leader.
- Exhibit behavior that is mature, considerate, and responsible in keeping with CISV philosophy.

## Family Acknowledgement:

We are aware of CISV's policy for selection, background checks, driver age, preparation, training and the responsibilities of Interchange delegates and their families. We are prepared to let our son/daughter participate in a CISV Interchange Program and regard him/her both physically and psychologically fit to participate. We are also prepared to support our son/daughter in his/her future involvement in CISV.

Signature of Mother/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents/Guardians complete both sides of this page.**

Does anyone in the household have physical or emotional problems/characteristics/restrictions that a guest should be aware of? \_\_\_\_\_ Yes or No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you know at this time which adult would be home during the time of hosting the Interchanger? \_\_\_\_\_  Yes  No

If yes, who will it be? \_\_\_\_\_

If no, what arrangement will you make for adult supervision? \_\_\_\_\_

What facilities or places of interest are within walking distance of the home?  
(grocery store, retail store, ice cream shop, park, etc.) \_\_\_\_\_

How would the applicant and Interchange partner get to places beyond walking distance? \_\_\_\_\_

Please list the places where the applicant goes frequently. \_\_\_\_\_

\_\_\_\_\_

Are there any parental restrictions about how or when the applicant goes to these places? \_\_\_\_\_ If yes, please describe them.

\_\_\_\_\_

\_\_\_\_\_

While realizing teenagers like and value their independence, how do you ensure their safety? \_\_\_\_\_

\_\_\_\_\_

Could you assist the youth by providing transportation to some activities if that were needed?  Yes  No

Please comment on the swimming ability of your child. \_\_\_\_\_

Interchange participation requires substantial commitments of time, energy, and interest before, during, and to a lesser extent, after both phases of the experience. What other commitments do you have? \_\_\_\_\_

\_\_\_\_\_

Are you willing to make this Interchange commitment your highest priority?  Yes  No

Why do you want your child to participate in a CISV Interchange? \_\_\_\_\_

\_\_\_\_\_

**When youth/families from the two countries are paired, an attempt is made to provide for compatibility.**

**The following items can be very helpful.**

When the applicant is visiting another country would you wish to have arrangements made for him/her to attend religious services? \_\_\_\_\_ If so, please give the following information. If no, skip to next item.

Religious affiliation or preference: \_\_\_\_\_

Special Day/s of services (if applicable) \_\_\_\_\_

**Please check which of the following you as a family most value and would hope that a guest would understand and take into account:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Casual home                | <input type="checkbox"/> Decisions by parents         | <input type="checkbox"/> Mealtimes togetherness             |
| <input type="checkbox"/> Neatness                   | <input type="checkbox"/> Intellectual interests       | <input type="checkbox"/> Active, busy, sometimes noisy home |
| <input type="checkbox"/> Humor                      | <input type="checkbox"/> Planned, organized home      | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Mother-dominant home       | <input type="checkbox"/> Spontaneity                  | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Father-dominant home       | <input type="checkbox"/> Sports/outdoor activity      | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Lots of communication      | <input type="checkbox"/> Openness of feelings         | Comments: (optional) _____<br>_____<br>_____<br>_____       |
| <input type="checkbox"/> Many individual pursuits   | <input type="checkbox"/> Active in community service  |   |
| <input type="checkbox"/> Low-key, quiet home        | <input type="checkbox"/> Non-smoking home             |   |
| <input type="checkbox"/> Decisions by consensus     | <input type="checkbox"/> Everybody pitches in         |   |
| <input type="checkbox"/> Family-centered activities | <input type="checkbox"/> Only non-alcoholic beverages |   |
| <input type="checkbox"/> Individual privacy         | <input type="checkbox"/> Religious activities         |   |

Please describe a typical summer day for your family. Include details such as what time various family members rise, what they have for breakfast, what they do during the day, etc. \_\_\_\_\_

---



---



---



---



---



---



---



---



---



---



---

Please use a separate piece of paper to write a letter to an unknown friend and family and attach it to this supplement.