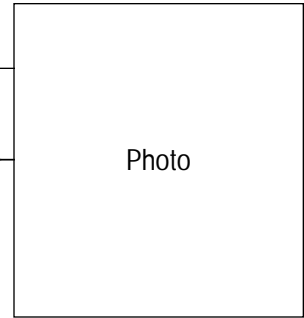




Supplement VYD

Village Youth Delegate Application Supplement



Applicant's Name _____

Complete the first section by filling in the blanks or checking all the answers that describe you best. Please use your own handwriting.

My Family and Home:

I have _____ brothers and _____ sisters. Their ages are _____.

We play _____

I like do not like to play alone. I help at home by _____

The thing I like to do best at home is _____ My favorite food is _____

My least favorite food is _____ I like do not like to try new things to eat.

My Friends:

My best friend is _____ I like him/her because _____

I would rather play at my house at my friend's house

because _____

My Pets:

I have a pet _____ I do do not help take care of my pet(s).

I do not have a pet because _____

My Travels and Adventures:

I have traveled by: bus car airplane boat train bicycle pony

I have visited: circus zoo farm hotel dairy airport fire station factory museum
 other _____

The best adventure I ever had was _____

I like to read about _____ The best book I ever read was _____

I have _____ books of my own at home. I get do not get books from the library.

Movie and TV Favorites:

I watch _____ movies each month. I listen to _____ on the radio.

I watch _____ TV programs every day. My favorite TV show is _____

Likes and Dislikes:

I like _____ I do not like _____

I am afraid of _____ I am not afraid of _____

Things I like best about school are _____

When I have nothing else to do I like to _____

My Wishes:

When I grow up I want to be _____

If I could have three wishes, they would be:

1. _____

2. _____

3. _____

Please answer the following questions in your own handwriting:

Have you attended a camp? _____ If so, what type of camp? _____

What did you like and dislike about the camp? _____

Describe any other experiences away from home without your parents. _____

Describe a recent happy day in your life. _____

How do you imagine you will feel about being away from your home and family for one month? _____

Please read and complete the third page of this supplement outlining Village family responsibilities.

Village Family Responsibilities:

- Host meetings in the home in preparation for the Village experience and as a follow-up after the delegation returns.
- See that the delegate attends scheduled delegation meetings.
- Attend parent meetings and participate in Chapter activities.
- Pay all fees designated by the Chapter by the established deadlines.
- Complete the delegate’s passport and visa application, if applicable, within two weeks of selection notification.
- Submit the required CISV Health and Legal/Insurance forms by the established deadlines and obtain any immunizations deemed necessary by the public health department.
- Decide with the leader and other parents the amount of spending money to take to the Village and comply with that decision.
- Provide emergency money as determined by the delegation leader and Chapter with the understanding that emergency money not used will be returned to parents.
- Cooperate fully with the delegation leader and encourage your child to accept the leader’s authority during the preparation and travel phases and at the Village.
- Be informed about the CISV program so that you can provide a positive and supportive atmosphere for your child.
- Help your child understand that he/she is representing the Chapter and the United States as a goodwill ambassador. If a child’s behavior is unacceptable at a Village it is the parent’s responsibility to make arrangements to bring the child home. According to National CISV policy, children under 16 may not travel unless accompanied by an adult.
- Assist your child in sharing the Village experience at a Chapter meeting and at other non-CISV meetings for publicity purposes if asked.
- Participate in evaluations of the Village experience as requested by the Chapter.
- Support and participate in Chapter activities throughout the year and keep informed of Junior Branch activities so that the delegate can participate.

Family Acknowledgement:

We are aware of CISV’s policy for selection, preparation, training and the responsibilities of Village delegates and their families. We are prepared to let our son/daughter participate in a CISV Village 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: _____