



**CHILDREN'S INTERNATIONAL SUMMER VILLAGES, INC.**  
United States of America

**All CISV Applicants and Families**

By now, you probably have received a brochure or watched a video, which provides a summary of the program and philosophy of CISV. Simply put, CISV is an organization that believes a more peaceful world is possible if we provide children and young people opportunities to develop close friendships with people from different cultures. We offer informal learning experiences that can forever change you child's view of the world and its people.

CISV is a community based volunteer organization. Throughout the world, local volunteers help to recruit and select delegates, train and prepare adult leaders, host Villages, Seminar Camps and Summer Camps, conduct Local Work programs and raise funds for the work of CISV. Compared with traditional summer camps and other international exchange programs, the cost to participate in CISV is kept remarkably low. This is possible only because of the personal commitment of time and talent by local volunteers. Families who participate in CISV are encouraged to volunteer to assist us in making this program available to others in our community. Every two to three years, CISV Springfield hosts an International Village right here in the Springfield area. This is an undertaking that requires many volunteers. We look forward to the participation of your entire family in the CISV program

**HOW DO I APPLY?**

Submit the enclosed application, which includes:

- Youth Delegate Application Form
- Supplement VYD Village Youth Delegate Supplement (to be filled out by the child)
- Family Responsibilities Form (part of VYD)
- Local chapter membership application
- Teacher recommendation form (should be mailed by the teacher direct)

Applications for all delegates are due Feb 1st. Applications received on time will get priority consideration. Applications must be sent to:

**CISV Springfield – Attn: Selection**  
**P.O. BOX 1106**  
**East Longmeadow, MA 01028**

All applicants must be members of the CISV Springfield. A membership application is included in the application packet. If you do not receive confirmation that your application was received within one week please email: [selection@cisvspringfield.org](mailto:selection@cisvspringfield.org) or [president@cisvspringfield.org](mailto:president@cisvspringfield.org)

**WHAT DOES THIS PROGRAM COST?**

Village Delegates pay a participation fee. The most up-to-date fee schedule is online at: [http://cisvspringfield.org/supportingpages/program\\_fees.htm](http://cisvspringfield.org/supportingpages/program_fees.htm) This fee covers all expenses paid to CISV National and International. In addition to this fee, each delegate is responsible for the cost of travel to the program site and an equal share of the adult leader's travel cost. All

delegates must travel together and travel plans will be arranged by CISV.

### **HOW ARE THE DELEGATES SELECTED?**

All CISV delegates and leaders are chosen without regard to race, religion or economic status. The selection process may include both interviews and observations of the applicants during an organized “play day”. A selection committee made up of CISV volunteers and leaders is responsible for selection of delegates and leaders. Applicants will receive more information about selection dates and times as plans are finalized.

### **DO YOU HAVE MORE QUESTIONS?**

Don't hesitate to ask! You can talk with the families of previous delegations by contacting the local Chapter President by E-mail: [president@cisvspringfield.org](mailto:president@cisvspringfield.org)

You can also visit us on the web at:  
[www.cisvusa.org](http://www.cisvusa.org) or the local web site [www.cisvspringfield.org](http://www.cisvspringfield.org)



An independent, non-political volunteer organization promoting peace education and cross-cultural friendship

# Youth Delegate Application Form

### Parents:

Electronic Communication/Publication Restrictions (permission assumed unless noted below) (No personal information will be distributed unless your child is selected as a participant.)

- Check the box if you do not want your child's communication information distributed locally within CISV by mail.
- Check the box if you do not want your child's communication information published on an official CISV website.
- Check the box if you do not want your child's photo/image published by CISV in official publications or websites.

Applicant's First Name

Last Name

Nickname

Sex

Program applying for

Social Security Number

Address

City

State

Zip

Home Phone

Passport Number

Applicant's E-mail Address

Birthdate

Age

School Principal's Name

M M D D Y Y Grade Level

Name of School

Language Ability: Indicate speaking, reading, listening with understanding

Language \_\_\_\_\_

Fluent

Good

Fair

Language \_\_\_\_\_

Fluent

Good

Fair

What are your interests and hobbies? \_\_\_\_\_

\_\_\_\_\_

What are your activities outside of school? \_\_\_\_\_

\_\_\_\_\_

What is your CISV background? \_\_\_\_\_

How did you learn about CISV? \_\_\_\_\_

**Parent or Guardian Information**

Mother's/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address and Phone: \_\_\_\_\_

(If different from that of youth applicant)

Father's/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address and Phone: \_\_\_\_\_

(If different from that of youth applicant)

**Statement of Parents/Guardians**

Why do you want your child to be a delegate?

Mother's response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what volunteer activities do you participate?

Mother's response: \_\_\_\_\_

\_\_\_\_\_

Father's response: \_\_\_\_\_

\_\_\_\_\_

Would you be able and willing to assist in volunteer service for CISV? Please explain.

Mother's response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History Information**

Is your child currently taking any prescribed medications? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to provide a statement from your child's physician as to his or her physical condition? \_\_\_\_\_

Please list any allergies, health or dietary restrictions and their effect on your child's daily life. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**National Code of Conduct Agreement**

I \_\_\_\_\_ (name of delegate) do agree with my local CISV Chapter and the National and International officers of CISV, to participate fully in (circle CISV Program – Village, Interchange, or Summer Camp). 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 morals 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, and attend meetings and workshops, etc.) and I agree to participate to the best of my ability. I further agree to represent my CISV Chapter in such manner that is consistent with the values of my home, community and country.

I do understand that if I break my agreement, I may be removed from the program at my own expense.

Signature of Program Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Signature of Chapter Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## National Travel Policy

### Delegation Travel

1) Village, Summer Camp, and Interchange delegations shall travel to and from the site of the approved CISV activity as a group. Travel shall be direct and continuous to and from the CISV activity site. No side trips shall be permitted. No layover in excess of 24 hours shall be permitted unless common carrier schedules require otherwise. Delegation itineraries must be approved by the local Chapter.

2) Penalties - Violations of Section 1 will result in disciplinary action against the Chapter or Steering Committee pursuant to the complaint procedure (83-BOT-2) of CISV, Inc.

3) Individual travel (as in the case of Junior Counselors and Seminar Camp participants) other than to and from the site of an approved CISV activity shall be deemed non-CISV travel. CISV assumes no responsibility or liability for an individual while on a side trip or layover in excess of 24 hours.

We understand the CISV policy listed above and if selected, agree to abide by it.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of father/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of mother/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### We further understand that:

1) Information we have provided in this application may be verified by contacting individuals and agencies other than those listed in this application.

2) We release and hold harmless any individual or organization that provides additional information about us to CISV. We also agree to hold harmless any officers or volunteers of CISV International, CISV USA, or the local Chapter of CISV.

3) By signing this application form we confirm that all the information we have given is true and complete.

### Signatures:

Youth Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Note to ALL Youth Applicants

Thank you for your interest in Children’s International Summer Villages. Please complete the entire application including the supplement for the specific program in which you would like to participate. The supplements outline additional responsibilities unique to each CISV program. Please provide each of your referees with a copy of the appropriate reference form accompanying this application.

#### Village Applicants complete Supplement VYD

(Village delegates must be 11 years of age)

#### Interchange Applicants complete Supplement IYD

(Interchanges are for youth ages 12 – 13, 13 -14, or 14 - 15)

#### Summer Camp Applicants complete Supplement SCYD

(Summer Camps are for youth ages 13, 14, or 15 years of age)

#### Seminar Camp Participants complete CISV International’s

#### Form SCPI.01 only

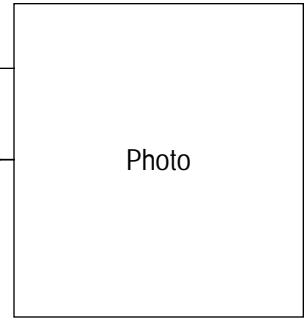
(Seminar Camps are for youth ages 17 – 18)

Send your completed application and appropriate supplement to:



# Supplement VYD

## Village Youth Delegate Application Supplement



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

Photo

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? \_\_\_\_\_

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Describe any other experiences away from home without your parents. \_\_\_\_\_

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Describe a recent happy day in your life. \_\_\_\_\_

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

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**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: \_\_\_\_\_



## **Teachers Information Package – Village Delegate Referral Form**

**Applicant:** Please give the following 2 pages plus the YDRF-Youth Delegate Reference Form to the referring teacher.

Applications for all delegates are due Feb 1<sup>st</sup> .

**Return to:**

CISV Springfield – Attn: Selection  
P.O. BOX 1106  
East Longmeadow, MA 01028

From: Children’s International Summer Villages, Inc. – Springfield, MA  
Contact: via email at: [president@cisvspringfield.org](mailto:president@cisvspringfield.org)

### **Frequently Asked Questions**

#### **What is CISV?**

Children’s International Summer Villages is a unique independent, non-profit, non-political and nondenominational volunteer organization that offers children and adults the opportunity to make new friendships worldwide and understand and appreciate different cultures.

#### **How did CISV Begin?**

Dr. Doris T. Allen, a University of Cincinnati psychologist who wanted to promote world peace after WW II, founded Children’s International Summer Villages, Inc. (CISV) in 1950. She believed that Peace was possible through children. The first CISV Village was held in Cincinnati under the direction of Dr. Allen in 1951. Today, CISV has 20 chapters in the USA and 150 chapters worldwide.

**CISV** was organized to give life to the idea that education for peace starts with children. The method of education is learning through doing; it is action in progress. This is the idea behind the Village program.

#### **What is a Village?**

The Village is a four-week long international residential camp unique to CISV. Villages consist of delegations of two boys and two girls, all eleven years of age, accompanied by one adult leader. These delegations come from 12-14 different countries. In addition, four to six **Junior Counselors**, aged 16-17, who also come from all over the globe, come together to complete the village structure. The host country provides the staff, which will be both from the hosting country and other countries with CISV chapters. In any event, everyone comes together to participate in a multi-cultural, multi-lingual, international camp.

The Villages emphasize international friendship and cross-cultural communication through cooperative living, non-competitive games, and a variety of typical camp activities such as arts and crafts, music, swimming and sports. One of the highlights of the Village experience is the “National Night”. Each country plans one evening’s activities around games, food, stories and dances, particular to their own culture. Many countries have official costumes; these are worn on the national nights. Day by day, the children learn that despite certain cultural differences, they have much more in common as members of the human family in an increasingly interdependent world.

### **The size of the Village is important.**

The small size allows for children to develop close friendships with the other children. Equally important is the opportunity to practice the problems of everyday living in the children’s parliamentary sessions. In the face of the many different languages represented, instead of aimlessly arguing, the children learn to deal with situations in alternate ways.



### **Is CISV Accredited?**

CISV is a member of the Council on Standards for International Travel (CSIET). There is also mandatory national training for all leaders, staff members and junior counselors. Last year, 7,500 people participated in CISV programs – from 57 countries.

### **Where is CISV?**

CISV National Associations are in following countries; Algeria, Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, Colombia, Costa Rica, Cote d’Ivoire, Denmark, Egypt, El Salvador, Estonia, Faroe Islands, Finland, France, Germany, Great Britain, Greece, Guatemala, Guinea, Honduras, Hungary, Iceland, India, Indonesia, Israel, Italy, Jamaica, Japan, Jordan, Kenya, Korea, Latvia, Lebanon, Luxembourg, Mexico, Mongolia, Netherlands, New Zealand, Norway, Pakistan, Philippines, Poland, Portugal, Romania, Senegal, Slovakia, Spain, Sweden, Switzerland, Thailand, Turkey, United States, Uruguay, Venezuela and Zambia.

In 1997, Brett and Jane Vottero founded CISV Springfield. Every year since 1998, CISV Springfield, has sent village Delegations to hosting countries from Canada and Europe and to as far away as Japan.

### **DO YOU HAVE MORE QUESTIONS?**

Don’t hesitate to ask! You can talk with the families of previous delegations by contacting the local Chapter President:

Via email: [president@cisvspringfield.org](mailto:president@cisvspringfield.org) or [selection@cisvspringfield.org](mailto:selection@cisvspringfield.org)

On the web at: [www.cisvspringfield.org](http://www.cisvspringfield.org)



# Youth Delegate Reference Form

Children's International Summer Villages, Inc.

YDRF.02

The following is a recommendation for \_\_\_\_\_ who is a youth applicant for a CISV program.  
(first and last name)

The youth is applying for: (Check one)

- Village (Month-long peace education residence camp for 11 year olds)
- Summer Camp (Three-week peace education residence camp for 13-15 year olds)
- Interchange (Peace education exchange program for 12-15 year olds)

The youth applicant will be representing the United States and his/her own state and region in an international setting. The local Chapter of CISV requests your help in identifying an applicant who exhibits leadership qualities and can represent his/her own culture successfully in that setting. Please complete the form and return it by mail to the Chapter contact person identified below.

This form is due by: \_\_\_\_\_. Please return form to:

Chapter contact person phone number: \_\_\_\_\_

Name of adult completing this reference form: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Capacity in which you know the youth applicant: \_\_\_\_\_

If you are the child's current teacher, please include your school name and phone number: \_\_\_\_\_

Length of time you have known the child: \_\_\_\_\_

Please check the traits you consider to be characteristic of this applicant. Then circle the five adjectives you feel describe the applicant's greatest strengths. Feel free to elaborate on any trait or any concern that would be helpful for the purposes of selecting this child for a CISV program. Keep in mind that we are looking for children who complement each other when forming program delegations. There is no set profile of a "typical" or "ideal" youth delegate.

- |   |  |                                      |                                      |  |  |
|---|--|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> mature           | <input type="checkbox"/> independent   | <input type="checkbox"/> responsible | <input type="checkbox"/> expressive  | <input type="checkbox"/> accepting       | <input type="checkbox"/> discerning        |
| <input type="checkbox"/> shows initiative | <input type="checkbox"/> optimistic    | <input type="checkbox"/> pessimistic | <input type="checkbox"/> responsive  | <input type="checkbox"/> cooperative     | <input type="checkbox"/> cautious          |
| <input type="checkbox"/> curious          | <input type="checkbox"/> attentive     | <input type="checkbox"/> practical   | <input type="checkbox"/> helpful     | <input type="checkbox"/> participates    | <input type="checkbox"/> needs coaxing     |
| <input type="checkbox"/> caring           | <input type="checkbox"/> spontaneous   | <input type="checkbox"/> reticent    | <input type="checkbox"/> open-minded | <input type="checkbox"/> respects adults | <input type="checkbox"/> respects peers    |
| <input type="checkbox"/> follower         | <input type="checkbox"/> leader        | <input type="checkbox"/> team player | <input type="checkbox"/> fair-minded | <input type="checkbox"/> organized       | <input type="checkbox"/> dependent         |
| <input type="checkbox"/> creative         | <input type="checkbox"/> quiet         | <input type="checkbox"/> secure      | <input type="checkbox"/> vivacious   | <input type="checkbox"/> sensitive       | <input type="checkbox"/> forgetful         |
| <input type="checkbox"/> introspective    | <input type="checkbox"/> friendly      | <input type="checkbox"/> articulate  | <input type="checkbox"/> accepted    | <input type="checkbox"/> unusual         | <input type="checkbox"/> sincere           |
| <input type="checkbox"/> healthy          | <input type="checkbox"/> confident     | <input type="checkbox"/> tolerant    | <input type="checkbox"/> compromiser | <input type="checkbox"/> intense         | <input type="checkbox"/> mild-mannered     |
| <input type="checkbox"/> patient          | <input type="checkbox"/> hurried       | <input type="checkbox"/> studious    | <input type="checkbox"/> motivated   | <input type="checkbox"/> disrespectful   | <input type="checkbox"/> athletic          |
| <input type="checkbox"/> artistic         | <input type="checkbox"/> outgoing      | <input type="checkbox"/> inward      | <input type="checkbox"/> intolerant  | <input type="checkbox"/> flexible        | <input type="checkbox"/> follows direction |
| <input type="checkbox"/> fun              | <input type="checkbox"/> conscientious | <input type="checkbox"/> shares      | <input type="checkbox"/> talkative   | <input type="checkbox"/> adventurous     | <input type="checkbox"/> _____             |

Use this space to elaborate on any of these traits circled on the previous page or to express any concerns:

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Do you know of any special talents or experiences that would help this applicant contribute to an international program? \_\_\_\_\_

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To the best of your knowledge, does this applicant have any emotional or behavioral characteristics that would interfere with his/her successful completion of a CISV program? \_\_\_\_\_

*Behaviors that are NOT acceptable in any CISV program include: illegal acts, alcohol/drug abuse, dishonesty, prejudice or intolerance, violence or lack of self-control, sexual contact, verbal abuse of others, and inability to handle a reasonable amount of stress.*

If "yes", please explain in the space below or call the Chapter contact person at the phone number listed on the front of this form.

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The information provided above has been thoughtfully and honestly given, based on my knowledge and perception of the applicant. I understand that the information will be kept confidential and will be used by the local CISV Chapter in the evaluation of the youth applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**springfield**

building global friendship

CHILDREN'S INTERNATIONAL SUMMER VILLAGES, INC.  
Greater Springfield  
Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ phone # \_\_\_\_\_

Children's name and ages

\_\_\_\_\_  
\_\_\_\_\_

Family membership (\$50) \_\_\_\_\_ Individual membership (\$25) \_\_\_\_\_

I/We can help with:

Recruitment

Wine Gala Fundraser

Other Fundraising

Public Relations

Membership

Selection

Junior Branch Activities

Summer Programs

Board Member

Please return the form and payment to:

**CISV Springfield**

**Attn: Treasurer**

**P.O. BOX 1106**

**East Longmeadow, MA 01028**

Make checks payable to CISV Springfield