Attach Recent Photo

*The information provided on this form will be used to introduce you to your Interchange partner. It will also help your partner and his/her family get to know you before your visit.*

***Please type or write neatly using black ink.***

|  |  |
| --- | --- |
| **Interchange No.** |  |
| **Your Chapter** |  |

|  |
| --- |
| 1. **LEADER / JUNIOR LEADER** |

**1.1 *PERSONAL INFORMATION***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | **Nickname** | |  |
| **Date of Birth**  (day-month-year) |  | | **Sex**  (M or F) |  | **Passport Nationality** | |  |
| **Permanent Address** | **Number & Street** | |  | | | | |
| **Town/City** | |  | | | | |
| **Area/State/Province** | |  | | | | |
| **Post Code** |  | | **Country** | |  | |
| **Address During the Program** | **Number & Street** | |  | | | | |
| **Town/City** | |  | | | | |
| **Area/State/Province** | |  | | | | |
| **Post Code** |  | | **Country** | |  | |
| **Telephone(s)** |  | | | **Email** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Language(s)** |  | | | | | | |
| **Foreign Languages Spoken** |  | **Check if Fluent** |  | **Check if Fair** |  | **Check if Little** |  |
|  |  |  |  |
|  |  |  |  |
| **Foreign Languages Written** |  | **Check if Fluent** |  | **Check if Fair** |  | **Check if Little** |  |
|  |  |  |  |
|  |  |  |  |
| **CISV Background** (Programs, Family Involvement) |  | | | | | | |
| **Travel Experience** (Describe) |  | | | | | | |
| **Living Abroad Experience** (Specify country, date, duration) |  | | | | | | |

**1.2 *HEALTH CONDITIONS***

*(This information will be used to make your stay safer in the host country.)*

|  |  |
| --- | --- |
| **Dietary Restrictions**  (Please specify) |  |
| **Health Restrictions**  (Specify and note effects on daily life and activities) |  |
| **Any Medication Necessary** (Identify type, name of medicine, dosage and times of application) |  |
| **Allergies** (Specify type, reaction and treatment required) |  |
| **General Physical, Emotional & Mental Condition** |  |
| **Swimming Ability** |  |

|  |
| --- |
| 1. **HOST HOME INFORMATION** |

**2.1 *ABOUT THE FAMILY—****People living in the home with Leader or Junior Leader*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **Language(s)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2.2 *HOSTING INFORMATION***

|  |  |
| --- | --- |
| **Domestic Duties** (that will be expected of the guest leader/junior leader) |  |
| **Animals** (type, whether in the home or outside) |  |
| **Is it a problem for you to stay in a home with animals?** (If yes, describe which kind) |  |
| **Religion** (Specify If you want to attend religious services while being hosted, if possible. Of your own faith, or your host’s?) |  |

|  |
| --- |
| 1. **LEADER/JUNIOR LEADER STATEMENT** |

**3.1 *FAMILY DESCRIPTION***

Please describe your family, especially considering the following:

* Individual and family interests and major activities
* Specific tastes in music, books, art, etc.
* Food habits and preferences
* Anything else of interest for your partner Leader/Junior Leader

|  |
| --- |
| *(This box will expand as you type to contain your text.)* |

**3.2 *HOSTING DESCRIPTION***

Please describe your home and schedule during the Interchange, including the following:

* Type of home (single family detached house or multi-family apartment building, in the city or in the country, etc.)
* Will your guest have his/her own room, or share? (If sharing, with whom?) Will your guest have his/her own bed or share? (If sharing, with whom?)
* Recreational facilities available (musical instruments, swimming pool, fitness center, distance from downtown or community center, etc.)
* Transportation: public or private? Car, bus, train?

|  |
| --- |
| *(This box will expand as you type to contain your text.)* |

***3.3 RECIPROCAL HOSPITALITY***

***Hosting leader/junior leader is to pay expenses for the partner leader/junior leader, in the same way the delegation families host their visiting delegates. This will include meals, transportation, sightseeing, and Family Week trips. Personal expenses should be paid by the visiting leader/junior leader from his/her own pocket money.***

|  |  |
| --- | --- |
| **Please check here to acknowledge that you have read and agree to observe CISV’s Interchange policy on reciprocal hospitality, found in the Interchange Guide and stated above.** |  |

**3.4 *GOOD TO KNOW****—Things about me:*

|  |  |
| --- | --- |
| **I like…** |  |
| **My hobbies are…** |  |
| **I don’t like…** |  |
| **I get angry about…** |  |
| **Other people love this about me:** |  |
| **Other people do not like this about me:** |  |
| **I wish…** |  |
| **I can be happy about…**  (something that doesn’t cost anything) |  |
| **When I am sad, this helps:** |  |
| **What else I want my Interchange partner to know:** |  |