

Please complete and sign both sides of form

YOUTH MEMBER'S INFORMATION (under 19)

IMPORTANT: Please include **EVERY MEMBER OF YOUR FAMILY**.
Membership updates are sent electronically and Junior Branch may at times communicate directly with the youth.

SURNAME	FIRST NAME	M/F	BIRTHDATE YY/MM/DD	EMAIL	SCHOOL AS OF SEPTEMBER 2017	PROGRAMMES OF INTEREST *							
						Village 11	Interchange 12-15	Int'l Youth Meeting 12-19	Junior Branch 12-25	Step Up 14-15	Junior Counselor 16-17	Seminar/Camp 17-18	Mosaic All Ages

PARENT/GUARDIAN OR ADULT MEMBER'S INFORMATION (19+) Note: This information MUST be provided if a youth in your care is registered in CISV

Youth Primary Address	SURNAME	FIRST NAME	M/F	ADDRESS	CITY	POSTAL CODE	HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	PROGRAMMES *		
											Mosaic All Ages	Int'l People's Project 19+	Leadership 21+
<input type="checkbox"/>													
<input type="checkbox"/>													

*Applicants must be the appropriate age for at least one day in June - August for a Summer Programme or November - January for a Winter Programme. Depending on their birthdate, Village participants may begin participating in CISV when they are 10 if they will be 11 for at least one day of the Village travel programme.

ANNUAL FEES: Valid June 1 - May 31

	SGM Special Rate (<u>must</u> attend Spring General Meeting to qualify)	MEMBER FEES
Family Memberships are available for family members residing at the same primary address ONLY	\$135	\$150
Individual Memberships are for 19+ members ONLY	\$45	\$50

Indicate method of payment: Cash Cheque (payable to CISV Victoria) PayPal (Available at www.cisvvictoria.ca Additional PayPal fees will apply)

Charitable donations to CISV Victoria are greatly appreciated & tax receipts will be issued for contributions over \$20. _____
You may direct your funding to support: CISV Victoria's bursary fund CISV Victoria hosting Other chapter needs Amount

VOLUNTEER CONTRIBUTION: CISV takes pride in the programmes we are able to provide thanks to the generous volunteer support of our members.

CISV is a volunteer organization. I understand I MUST contribute my time & skills locally so these opportunities can continue to be offered to all youth.

SIGNATURE Parent/Guardian or Adult Member _____ **Date** _____

Please indicate areas where your family can help based on your knowledge, interest, skills or professional expertise.

- | | | | | | |
|--|---|---|---|---|--------------------------------------|
| <input type="checkbox"/> Mini Camp Chaperone | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Web Design | <input type="checkbox"/> Accounting/Audit | <input type="checkbox"/> Fundraising Campaign | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Mini Camp Cook | <input type="checkbox"/> Promotions | <input type="checkbox"/> Database Management | <input type="checkbox"/> Notary/Lawyer | <input type="checkbox"/> Donation Appeal | <input type="checkbox"/> Printing |
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Public / Media Relations | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Grant Applications | <input type="checkbox"/> Archiving |
| <input type="checkbox"/> Life Guarding | <input type="checkbox"/> Leader Recruitment | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Facilitator | <input type="checkbox"/> Merchandising | <input type="checkbox"/> Other |

LOCAL CONNECTIONS

Please list any local business, facility or organization that you know of which may assist us by supporting our local CISV goals.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Rental Facilities
(meeting space / camps / information sessions / fundraising events) | <input type="checkbox"/> School or Community Group Connections
(willing to share information about CISV within the community or school system?) | <input type="checkbox"/> Financial Support (financial assistance or sponsorship for costs associated with hosting international programmes) | <input type="checkbox"/> In-Kind Support (donations or discounts for food & beverages, promotional merchandise, printing, advertising, etc.) |
|---|--|---|--|

PERMISSIONS FOR:

USE OF IMAGES, VIDEO, OR WRITTEN WORK: I agree that CISV may use and publish photographs, images, video, or written work created as part of participation in the CISV Programme for use in the production of educational or promotional materials, including web pages and Facebook pages. These items may be used and published with the participant's first name (or nickname), age and nationality. Unless additional parental consent is obtained, participants will not be identified by full name. NOTE: Although CISV has Social Media guidelines, **CISV cannot control uploads by participants to sites such as YouTube, Facebook, & Twitter.**

PARTICIPATION IN LOCAL COMMUNITY ACTIVITIES - June 1, 2017 to May 31, 2018:

CISV programme content is significantly enriched and expanded when youth participate in certain aspects of community life and the natural environment. Local community activities provide these valuable experiences and are planned as an enriched part of the CISV programme.

Guidelines are in place governing the number of adult chaperones who will accompany the youth at activities. Reasonable precautions will be taken to ensure the safety of youth participants. Should an activity be planned which exceeds one day, or where there might be increased risk or difficulty of supervision, or where transportation is arranged as part of the activity, an event/activity-specific permission form will be required.

CISV Victoria does not organize or provide transportation to or from, or part way to or from, Junior Branch or Village meetings or additional local community activities. Except where specifically identified, transportation or transportation arrangements are the responsibility of participants and their parents/guardians. CISV Victoria does not accept responsibility for transportation arrangements made between CISV members.

- I give permission for my son, daughter, or youth under my care, to participate in CISV local community activities. I understand that information about each local community activity will be communicated by e-mail to the membership.
- I prefer to give separate written permission for each local community activity my son/ daughter may attend. Please ensure your child is aware of this requirement.

NAME OF YOUTH

NAME OF YOUTH

NAME OF YOUTH

NAME OF YOUTH

SIGNATURE of PARENT/GUARDIAN or ADULT MEMBER

PRINTED NAME of PARENT/GUARDIAN or ADULT MEMBER

When travel is arranged by CISV (for example, when hosting international programme participants), the following applies to volunteer drivers:

"I understand ALL drivers carrying programme participants during scheduled CISV activities must be at least 19 and carry a full driver's license (not a Learners or Probationary license) and all vehicles must be insured for a minimum \$2M liability. I understand I may be required to show evidence of coverage."

SIGNATURE of PARENT/GUARDIAN or ADULT MEMBER

PRINTED NAME of PARENT/GUARDIAN or ADULT MEMBER

This form will be kept on file with CISV Victoria for the year specified.

PLEASE MAIL COMPLETED FORM & CHEQUE TO: CISV Victoria, Box 8058 Stn CE, Victoria, BC, V8W 3R7

The information presented on this application and what can be done with the information you provide is covered by CISV Canada's Privacy Policy at www.cisv.ca

Internal use only: Date Rec'd _____ By _____ Payment Amount _____ Cash/PayPal/Chq # _____ Treasurer initials _____