**Staff / Leader / JC Application Form**

**This form must be completed using the information outlined in the CISV Safeguarding Policy Procedure 2: Safer Recruitment. This standardized application form can be translated and/or made into a digital version, as long as it stays true and corresponds with the content and format of this form.**

To be filled in by all persons applying for a Staff/Leader/Junior Counsellor role in any International/National/Chapter camp-based programmes of more than three (3) days in duration. This includes Staff, Camp/Programmes Directors, Leaders, Junior Counsellors, Junior Staff and Junior Leaders.

For [International Staff Positions](https://cisv.org/resources/volunteer/international-programme-staff-opportunities/), this application form must be certified and signed first by the person responsible for recruitment within the applicant’s home National Association. Subsequently, it must be forwarded to the relevant member of the Host National Association. Refer to the CISV Safeguarding Policy, section 9. Additional steps for further information.

All areas of this form are mandatory unless indicated otherwise. Any information you provide will be treated in the strictest confidence by the recruiting CISV Chapter/National Association and managed in accordance with relevant data protection legislation. 

1. **Programme Information:**

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| --- | --- | --- | --- |
| Programme Applying to | Position Applying for | Year of Programme | Programme Reference |
|  |  |  |  |

1. **Applicant’s Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Gender Pronouns |  | | |
| Given name |  | | |
| Surname |  | | |
| Previous Names (given and surname) if applicable |  | | |
| Number and Street |  | | |
| Town / City |  | | |
| Area / State / Province |  | | |
| Country |  | | |
| Post / Zip Code |  | | |
| Telephone | country code | area code | number |
| + |  |  |
| Email |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth | Day / Month /Year |  | Gender (currently identify as) |  | Nationality |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Occupation |  |
| Employer / academic institution (if a student) |  |
| Educational background (degree(s) and year(s)) |  |

1. **Health Restrictions:**

Please note any health restrictions and their effects on your daily life:

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|  |

1. **Interests, Experience, Skills, and Certifications:**

Please tell us about any languages you speak:

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Fluent | Good | Fair |
|  | ◻ | ◻ | ◻ |
|  | ◻ | ◻ | ◻ |
|  | ◻ | ◻ | ◻ |

In this role, you will need to assist and/or assume responsibility for some activities such as music, arts and crafts, games, sports, dance, discussion, and swimming etc. Please list any skills, experience, qualifications, and/or interests that you have which may be helpful in this role:

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|  |

Please tell us about any relevant certifications, qualifications and/or training that you have in the following areas:

|  |  |  |
| --- | --- | --- |
| Do you have qualifications or certification in: | | |
| First aid | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide details about when you gained the certification/qualification/training, through which organisation, and when the certification/qualification/training is valid until: | | |
|  | | |
| Life saving | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide details about when you gained the certification/qualification/training, through which organisation, and when the certification/qualification/training is valid until: | | |
|  | | |
| Mental Health – professional or trained | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide details about when you gained the certification/qualification/training, through which organisation, and when the certification/qualification/training is valid until: | | |
|  | | |
| Food hygiene | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide details about when you gained the certification/qualification/training, through which organisation, and when the certification/qualification/training is valid until: | | |
|  | | |

Please tell us about your experience of working with people in a leadership role and as part of a team:

|  |
| --- |
|  |

Please tell us about your experience of being responsible for children (of a similar age to the specific programme participants):

|  |
| --- |
|  |

Please tell us about any other experience you have in CISV, with other intercultural organisations, or with different cultures:

|  |
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|  |

Please tell us why you would like to volunteer in this role with CSIV?

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|  |

1. **CV /** **Résumé** *(recommended/optional)***:**

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| --- | --- | --- |
| I have attached a copy of my CV/résumé to this application form: | No  ◻ | Yes  ◻ |

1. **References:**

Two references are required in writing. These references should be provided by individuals who are either a current or recent employer, leaders in other voluntary organizations, or a local community representative in positions of trust and responsibility. One of the references but not both can be from a CISV volunteer in a position of trust and responsibility, or a board or executive member. The referees must have known the applicant for a minimum of 1 year. They must not be family members. Ideally, at least one of the references should demonstrate the applicant’s previous experience working or volunteering with children. Exceptions exist for Junior Counsellors - refer to section 9. Additional steps in the CISV Safeguarding Policy or further information.

Please check with the person responsible for recruitment whether you are required to request your references directly using the official CISV [Reference Form](https://docs.cisv.org/Reference_Form.docx). If you are required to request your own references directly, please instruct your referees to forward the completed CISV Reference Forms directly to the person responsible for recruitment.

|  |  |  |  |
| --- | --- | --- | --- |
| Reference 1: | | | |
| Preferred Gender Pronouns |  | | |
| Given name |  | | |
| Surname |  | | |
| Number and Street |  | | |
| Town / City |  | | |
| Area / State / Province |  | | |
| Country |  | | |
| Post / Zip Code |  | | |
| Telephone | country code | area code | number |
| + |  |  |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Reference 2: | | | |
| Preferred Gender Pronouns |  | | |
| Given name |  | | |
| Surname |  | | |
| Number and Street |  | | |
| Town / City |  | | |
| Area / State / Province |  | | |
| Country |  | | |
| Post / Zip Code |  | | |
| Telephone | country code | area code | number |
| + |  |  |
| Email |  | | |

1. **Proof of Identity:**

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| --- | --- | --- |
| I confirm that I have attached proof of my identity with this application form e.g., passport or driving licence: | No  ◻ | Yes  ◻ |

1. **Self Declaration:**

This voluntary self-declaration does not replace the need for criminal reference checks. The information provided in this form will be used to inform the decision about your suitability for a volunteer role in CISV with children. Having a criminal record will not necessarily mean that you cannot volunteer with CISV. The information provided will be assessed alongside other information obtained through the CISV safer recruitment process to determine your suitability for the role. Any information you provide will be treated in the strictest confidence by the recruiting CISV Chapter/National Association and managed in accordance with relevant data protection legislation.

|  |  |  |
| --- | --- | --- |
| 1. Have you ever received a conviction/caution/reprimand or final warning for any criminal offences? | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide relevant details: | | |
|  | | |
| 1. Have you ever been known to any local government child welfare/protection authority as being an actual or potential risk to children or adults at risk? | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide relevant details: | | |
|  | | |
| 1. Have you ever been the subject of any formal action, disciplinary investigation and/or sanction by any organisation because of concerns about your behaviour, particularly towards children? | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide relevant details: | | |
|  | | |
| 1. Have you ever been dismissed for misconduct from any employment or volunteering, in circumstances which may have bearing on your suitability for this role? | No  ◻ | Yes – provide details below.  ◻ |
| If yes, please provide relevant details: | | |
|  | | |

|  |  |
| --- | --- |
| Applicant’s Signature |  |
| Print name |  |
| Date (day / month / year) |  |

1. **Applicant Certification:**

I certify that I will participate in all CISV programme and trainings required by CISV. I will abide by and uphold the CISV Positive Behaviour Policy and CISV Safeguarding Policy. I understand that before serving in a staff/leadership/Junior Counsellor position, I must be a member of CISV and be registered on MyCISV with only one account. I agree to undergo vetting – refer to CISV Safeguarding Policy, 7. Vetting Checks for more information. I consent to the personal data in this Application Form being used by CISV to process this application and agree that it may be shared with other people involved in organising the programmes, wherever they may be hosted. All the information on this application is correct and accurate.

|  |  |
| --- | --- |
| Applicant’s Signature |  |
| Print name |  |
| Date (day / month / year) |  |

1. **CISV Certification:**

Sign below if you certify that the above applicant has gone through the relevant safer recruitment steps in accordance with the CISV Safeguarding Policy and is found to be satisfactory so that the application is approved.

For international staff positions, a copy of this form and references (not criminal reference check) should then be forwarded to the person in the relevant host NA responsible for staff selection. The signature tells the host NA that the home NA has followed the correct procedure and considers that the applicant may be selected as international staff.

|  |  |
| --- | --- |
| Signature of CISV member responsible for staff selection in the home Chapter/National Association of applicant. |  |
| Print name |  |
| CISV Position |  |
| Date (day / month / year) |  |