



# SUPPLEMENT I Interchange Adult Leader Application

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## Interchange Leader Responsibilities:

1. Plan and conduct activities preparing the delegation for the hosting phase.
  - A) Guide the youth and families in developing a plan of activities which will meet the goals and purposes of CISV.
  - B) Arrange a schedule whereby each family hosts the visiting leader for at least part of a day.
  - C) Provide or review cultural information and make an effort to arrange or review language lessons.
2. Plan and conduct activities preparing the delegation for the traveling/visiting phase.
  - A) Provide or review cultural information and make an effort to arrange or review language lessons.
  - B) Guide the delegation in preparing and/or obtaining inexpensive gifts for partners and their families.
  - C) Guide the delegation in preparing a National evening program where delegates will share information about their culture with their hosts.
3. Understand and fulfill the role of counselor and friend – both to the youth and to their families, making yourself available (within reason) during both phases to be contacted by the youth and families particularly in case problems are encountered.
4. Get the participants together several times to achieve group contact and make plans before the program.
5. Take full responsibility for the group during the visit abroad.
6. Correspond with your counterpart prior to arrival and ensure that the delegates and families do the same. Keep in contact and meet with the group during the possible intervening year to promote continuation of the group's cohesiveness and corresponding with counterparts.
7. Host the leader from the partner nation during the visit and supply a recommendable substitute in case of force majeure.
8. Attend all delegation activities during both phases.
9. Attend and participate fully in the mandatory local and National leadership training workshops preceding EACH phase (hosting year and visiting year) of the Interchange.

### **I UNDERSTAND THE RESPONSIBILITIES OUTLINED IN THIS SUPPLEMENT AND IN THE LEADER APPLICATION FORM.**

Name (please print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Please complete second page of Supplement I)

