



DATE:		INTERVIEWER:	
IC REFERENCE NO.:		APPLICANT NAME:	
PARENT NAMES:			
IC PARTNER CHAPTER AND COUNTRY:			

1. Do the parents, and their child who is applying to be a delegate, understand that Interchange is CISV's family-oriented program, most of which takes place in homes (rather than a camp setting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Do the parents understand that all arrangements and planning for the Interchange are done as a collaboration among the delegates, leaders and parents, under the supervision of the LIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Does the family understand that their holidays must be arranged to fit the IC program calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Do the parents understand that during the hosting phase, all Interchange activities on the delegation calendar have priority over family plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Are there any concerns, questions or clarifications that the parents have about CISV, or the Interchange program, that need to be addressed before selection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, use this space to specify them and to explain how you (the interviewer) responded:

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