



canada

building global friendship
seminar camps

SEMINAR CAMP 2019 REFERENCE FORM

To be completed by:

- 1-First :** Canadian youth applying as a participant to a CISV Seminar Camp (17-18 years old)
- 2-Then by :** A person that is recommending the applicant (that person can be either from cisv or not)
- 3-Then :** The reference will email this form to the Local Seminar Camp Coordinator which will collect all references and pass them on to the National Seminar Camp Chair at the same time as the application.
Your response will be treated as private and confidential and destroyed as provided by law.

Applicant's Information

(to be filled by applicant or LSCC)

First Name	
Last Name	
Date of Birth (d/m/y)	
CISV Chapter	
Applicant's Phone number	
Applicant's Email	

Local SeminarCamp Coordinator's Information

(to be filled by applicant or LSCC)

First Name	Brynn
Last Name	Spelliscy
LSCC's Phone number	778-230-8261
LSCC's Email	seminar@cisvvancouver.ca

Referee will send this form to the email provided in the yellow box above.

Reference's Information

(to be filled by the reference person)

First Name	
Last Name	
Date of Birth (d/m/y)	
CISV member ? (Y or N or Past member)	
Referee's Phone number	
Referee's Email	
Have known applicant for how many years?	
Relation with applicant	
Relation frequency	

Reference's Recommendation

(to be filled by the reference person)

In my opinion, a CISV Seminar Camp will benefit by having the applicant for the following reasons:	
In my opinion, I honestly believe the following aspects will be difficult for the applicant while the CISV Seminar Camp:	
In my opinion, I honestly believe the applicant's motivations to go to a CISV Seminar Camp are the following:	

Reference's Signature

(to be filled by the reference person)

Declaration:

To the best of my knowledge, the information I have provided about the Applicant is true, accurate and complete. I am aware of the CISV requirements on Behaviour and Cultural Sensitivity, as outlined in Info File R-7 (Including the no tobacco products possession and consumption requirement) and I have made this reference in accordance to this policy.

Recommendation (please checkmark 1 of the 3 options)	<input type="checkbox"/>	I recommend the applicant
	<input type="checkbox"/>	I recommend the applicant, but with the following concerns :
	<input type="checkbox"/>	I do not recommend, this applicant for participation in the Seminar Camp program for the following reasons :
Reference	Signature	Date (Day/Month/Year)

For any questions, please contact either :

Local Seminar Camp Coordinator : Brynn Spelliscy seminar@cisvvancouver.ca

National Seminar Camp Chair : Frederic Desaulniers seminarcamp@ca.cisv.org