

***Meridian International Center • 1624 Crescent Place, NW • Washington DC 20009***

**APPLICATION FOR MERIDIAN/CBM STAFF EXCHANGE**

**for CBM Staff**

***Please fill out this form if you are interested in making a professional visit to Meridian International Center and submit for approval to*** *IVLPstaffexchange@meridian.org* ***by Friday, June 22, 2018.***

***\*The Meridian-CBM staff exchange is contingent upon the availability of FY 18 funds.***

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| **Name:**  |
| **Position:**  |
| **CBM:** **Website:**  |

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| **Office Phone:** **Cell:** **Email:**  |

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| 1. **How long have you been working in the Global Ties network?**

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| 1. **How many IVLP projects and visitors does your CBM receive each year?**

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| 1. **Please provide a brief description of your current job responsibilities.**

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| 1. **What would you hope to accomplish during your visit to Meridian?**

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| 1. **How would you apply your experience in Washington and share it upon your return?**

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| 1. **Please check the following weeks you would be available if chosen for the exchange (you can check more than one):**
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| July 30 – August 3, 2018: |[ ]  August 13 – 17, 2018: |[ ]
| August 6 – 10, 2018: |[ ]   |  |
|  |  |  |  |

***I understand that Meridian will cover the cost of airfare, meals and ground transportation in DC and will provide a homestay or other accommodations. I will be responsible for any additional expenses. I will submit a written report within one month of completing the exchange, sharing lessons learned and the value of my exchange experience.***

***In making this application, I have the full support of my supervisor and/or Board of Trustees.***

**Name *(print):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR MERIDIAN USE ONLY**

**Staff Exchange Facilitator Signature*:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Senior Vice President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**