

***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*** [*PEDstaffexchange@meridian.org*](mailto:PEDstaffexchange@meridian.org) ***by Friday, February 14, 2020.***

***Note: You must have worked at your CBM for at least one year.***

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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):**   ***Week of:*** | | | |
| April 20 – 24, 2020: |  | June 1 – 5, 2020: |  |
| April 27 – May 1, 2020: |  | June 8 – 12, 2020: |  |
| May 4 – 8, 2020: |  | June 15 – 19, 2020: |  |
| May 11 – 15 2020: |  | June 22 - 26, 2020: |  |
| May 18 – 22, 2020: |  | June 29 - July 3, 2020: |  |
|  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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