

***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*](mailto:IVLPstaffexchange@meridian.org) ***by Friday, April 5th, 2024.***

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

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

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

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

|  |
| --- |
| 1. **Please provide a brief description of your current job responsibilities.** |
| 1. **Please provide a brief description of challenges and successes your CBM has experienced over the past year.** |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Should your CBM be selected to participate in the Staff Exchange program, please check which of the following weeks you would prefer (you may check more than one):**   ***Week of:*** | | | | |
| May 20 - 24, 2024: |  | July 22 - 26, 2024: | |  |
| June 10-14, 2024: |  | July 29 - August 2, 2024 | |  |
| June 24 – 28, 2024: |  |  | |  |
|  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Have you ever participated in the Meridian Staff Exchange or any similar IVLP Exchanges in the past (i.e., other NPA exchanges or GTUS’ Network DC)?**   ☐ yes ☐ no  **If yes, please list setting and dates:** | | | |
|  |  |  |  |

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

**FOR MERIDIAN USE ONLY**

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

**Vice President, IVLP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**