

***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, April 5th, 2024.***

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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. **Please provide a brief description of challenges and successes your CBM has experienced over the past year.**
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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. **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: |[ ]   |  |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**