



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 5<sup>th</sup>, 2024.*

<b>Name:</b>
<b>Position:</b>
<b>CBM:</b>
<b>Website:</b>

<b>Office Phone:</b>
<b>Cell:</b>
<b>Email:</b>

1. How long have you been working in the Global Ties network?
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2. How many IVLP projects and visitors does your CBM receive each year?
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3. Please provide a brief description of your current job responsibilities.
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4. Please provide a brief description of challenges and successes your CBM has experienced over the past year.

5. What would you hope to accomplish during your visit to Meridian?

6. How would you apply your experience in Washington and share it upon your return?

7. 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:

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July 22 - 26, 2024:

☐

June 10-14, 2024:

☐

July 29 - August 2, 2024

☐

June 24 – 28, 2024:

☐

8. 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: \_\_\_\_\_

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FOR MERIDIAN USE ONLY

Staff Exchange Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_