



**LEADERSHIP TRAINING DOCUMENTATION
REQUIRED FOR INTERNATIONAL STAFF**

NAME _____

NATIONAL ASSOCIATION _____

HOME CHAPTER _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

DIRECTOR _____ STAFF _____

PROGRAM REFERENCE # _____

PERSON (S) CONDUCTING TRAINING _____

DATES OF TRAINING _____

CONTENT OF TRAINING _____

EVALUATION (Participation, interaction with others, cooperation, enthusiasm,
knowledge of program, etc.) _____

SIGNATURE OF TRAINER (S) _____

DATE _____

PLEASE RETURN THE COMPLETED FORM TO:

CISV USA
1375 KEMPER MEADOW DRIVE
SUITE 9H
CINCINNATI, OH 45240
USA

cisvusa@aol.com

513.674.9242 (phone) 513.674.9249 (fax)