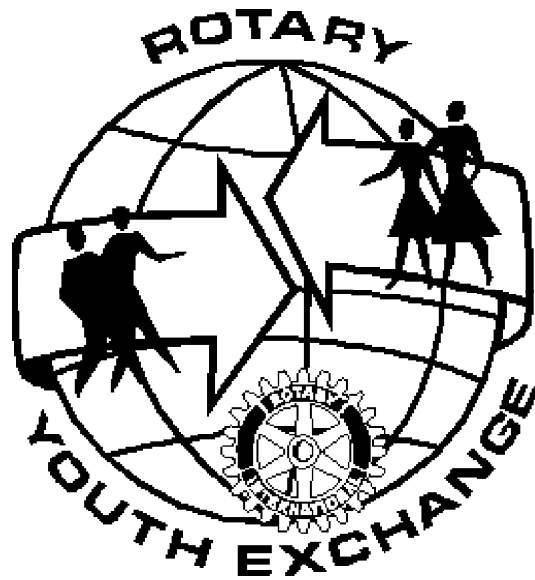


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# Application for a Rotary Youth Exchange Short Term Program



Submit completed application to:

Read instructions on next page before completing application  
Note: Additional information may be required for specialized short term exchanges

## Instructions for Rotary Youth Exchange Short Term Program Application

Read these directions carefully before completing the application. If you are accepted as an exchange student, this application will be sent to your host country. It will serve as your introduction to the people who are being asked to host you. It is important that the first impression you make be a good impression. Complete this application carefully. All grammar and spelling should be correct. And remember, neatness counts.

### GENERAL INSTRUCTIONS:

This application provides hosting Rotary Clubs and Districts basic information from which short term youth exchange placements can be made. Hosting Rotary Clubs and Districts may add additional pages to obtain information applicable for specialized short term exchanges (such as camps for students with disabilities, tours, New Generations Exchanges, etc.). Applications must be legible. Typed or computer generated applications are preferred. Answer all questions as asked. Do not write "same" or "see page," etc. Type answers on the application except where otherwise indicated. Practice on a draft copy of the application to make sure your answers fit in the space provided.

**Signatures:** All signatures *must be originals and written in BLUE ink* on all four copies. To accomplish this, complete one full application but do *not sign it*. Make three copies and then sign all four completed applications. The student's signature is required 2 times and parents' signatures are required once on each copy of the application. To help you find signature locations, all signature locations have been placed in boxes and asterisked (\*).

### SPECIFIC INSTRUCTIONS:

**Page 1: Address** This should be the student's postal address.

**Applicant and Parents/Legal Guardian** All parental information must be completed. If your parents are divorced, provide the requested information for the non-custodial parent, not your step-parent unless he/she has legal guardianship of you or has formally adopted you. If someone other than a parent is your legal guardian, provide the requested information for the legal guardian. Authorizations must be obtained from all parents/guardians. Emergency telephone numbers must be different than the home and business phone numbers. If your parents have a fax number or e-mail address, type it in the space provided.

**Date of Birth** Remember to use the alphabetic abbreviation for month, e.g., (1986/Feb/22); not the numeric. Please note that this annotation of date of birth is the International Standard and may be different from what you are used to.

**Rotary Club and District Endorsement** This will be completed by your Rotary Club and District Youth Exchange Committee. Give all 4 copies to your Rotary contact for signature. In some cases, the school arranges for this. Check with your guidance counselor. The District Endorsement will be completed if and when you are selected. Clubs and Districts—Please note that you also need to complete the top part of the Supplemental Section.

#### Page 2: Program Rules and Conditions of Exchange

Parents and students should read these carefully. You are expected to abide by these rules and conditions of exchange while a participant in the Rotary Youth Exchange program. Failure to do so may result in the termination of your exchange and early return home. All signatures must be originals. This should be signed in the presence of a Rotary Club representative. **Note:** These are rules and conditions jointly agreed to by most Rotary Districts. However, your Hosting District may add, modify or delete some of these rules and/or conditions. You will be informed by your Hosting District of any changes.

**Permission for Medical Care and Release of Liability** Read carefully. If you are ill and require medical care, this gives permission for your host family and/or a hosting Rotarian to act for your parents or guardians. This holds your natural parents responsible for additional medical bills and transportation costs not covered by your insurance if required by your illness. You and BOTH parents or guardians must sign where indicated. If your parents are divorced, you must get the signature of the non-custodial parent unless someone else has legal guardianship of you. Authorizations must be obtained from **all** parents and guardians.

**Emergency Contact** Provide the name and telephone/fax of a family member or close friend of your parents who may be contacted in case of an emergency if we cannot contact your parents. This should be someone who your parents trust to make decisions about your medical care when your parents are not available.

#### Pages 3-4: Supplemental Information (Sponsoring Club and District must complete the top part of this page)

Answer each question succinctly. Give thought to the message you are communicating to your future host club and family. You may add up to two typed pages if needed. If you have dietary restrictions, be sure to state clearly what you will not eat. If you smoke, drink alcoholic beverages or have a past or current involvement with illegal drugs, be sure to provide the explanatory information requested. A "yes" answer will not automatically eliminate you, however, it will necessitate special consideration by the host family.

**Page 5: Picture page** Affix the pictures to the page with glue or double-sided tape (do not staple). You may either make color copies of the page or use all original copies of the pictures.



# Application for a Rotary Youth Exchange

District \_\_\_\_\_ Short Term Program

TYPE the application, make three copies and SIGN each application in BLUE ink. All signatures must be originals. *All dates are yr/mo/day.* **Read the Instructions first.**

## Applicant

Family name/Legal name      First/Given name      Want to be called      Sex (M/F)

Street Address      City

State/Province      Country of Residence      Postal Code

Date of Birth (yr/mo/day)      City of Birth      State/Province of Birth      Country of Birth

Citizen of (Country)      Home Telephone      E-mail Address

**Smile!**  
Attach a good quality,  
color head-and-shoulder  
recent photograph  
2 in. x 2.5 in.  
(5 cm. x 6.5 cm.)

*I, as the above applicant, hereby state that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange Student, have read and agree to abide by the Program Rules and Conditions of Exchange detailed on page 2 of this application and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange Student should I be chosen to represent my sponsoring Rotary club and district, my school, community, state/province and country as an exchange student. I further state that all the material contained in this application and documents attached hereto are true and accurate to the best of my knowledge.*

\* \_\_\_\_\_  
Applicant's Signature      Date (yr/mo/day)

## Parents/Legal Guardians

Natural Father's name/Legal Guardian      Natural Mother's name/Legal Guardian

Address      Address

Occupation      Business Telephone      Occupation      Business Telephone

Home Telephone      Emergency Telephone      Home Telephone      Emergency Telephone

Fax      E-mail      Fax      E-mail

Rotarian?  Yes  No      If "Yes," Name of Rotary Club      Rotarian?  Yes  No      If "Yes," Name of Rotary Club

**Sponsoring Rotary Club and District**

*The Rotary Club of \_\_\_\_\_ and District \_\_\_\_\_, having interviewed the applicant and his/her parents/legal guardians and reviewed the student's application, hereby endorse the student as meeting the qualifications for Rotary Youth Exchange and recommend to hosting clubs the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before departure, and  will  will not host an Inbound.*

Type - Club President      Type - Club Secretary/YEO      Type - District YE Chairperson  
\*      \*      \*

Sign - Club President      Date      Sign - Club Secretary/YEO      Date      Sign - District YE Chairperson      Date

## Program Rules and Conditions of Exchange

- 1) Obey the Laws of the Host Country — If found guilty of violation of any law, student can expect no assistance from Rotary or their native country. Student will be returned home as soon as released by authorities.
- 2) The student is not allowed to possess or use illegal drugs. Medicine prescribed by a physician is allowed.
- 3) The student is not authorized to operate a motorized vehicle of any kind which requires a federal/state/provincial license or participate in driver education programs.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age in host country should refrain.
- 5) Stealing is prohibited. There are no exceptions.
- 6) Unauthorized travel is not allowed. Students must follow the travel rules of the Host District.
- 7) The student must be covered by a health and life insurance policy agreeable to the Hosting District.
- 8) The student must abide by the rules and conditions of exchange of the Hosting District provided to you by the District Youth Exchange Committee.
- 9) The student must return home directly by a route mutually agreeable to the Host District and student's parents.
- 10) The student shall have sufficient financial support to assure his/her well-being during the exchange. Any unusual costs relative to a student's early return home or other unusual costs shall be the responsibility of the student's own parents/guardians.
- 11) You will be under the Hosting District's authority while you are an exchange student. Parents/guardians must avoid authorizing any extra activities directly to their son/daughter. The Host Club and District Youth Exchange officers must authorize such activities. Relatives in the host country will have no authority over the student while they are in the program.

## Permission for Medical Care and Release of Liability

In consideration of the acceptance and participation of the applicant in such program, the undersigned APPLICANT and his or her PARENTS or Legal GUARDIANS, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all host parents and members of their families, and all members, officers, directors, committee members and employees of host and sponsoring Rotary Clubs and Districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such applicant, parent or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

We, the parents/guardians of the applicant, and the applicant if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant do **release from liability and grant permission** as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of **accident or sickness** we/I authorize any Rotarian, authorized chaperones of Rotary activities and host parent(s) of our son/daughter/ward **to select the appropriate medical facility and physician(s)/dentist(s)** to provide treatment;
- We/I give permission for any operation, administration of anesthetic or blood transfusion which a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward;
- We/I further **consent to any medical or surgical treatment by a licensed physician, surgeon or dentist** which might be required by our son/daughter/ward **for any emergency situation**. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice. Permission is granted for immunizations required for school registration;
- In the case of **elective surgery**, we/I request **that we/I be notified prior** to such arrangements.

Having read and understood the "Program Rules and Conditions of Exchange," we agree to abide by these rules and conditions and understand that any violation may result in abrupt termination of the exchange, and we further agree that the host Rotary club and host Rotary district shall have final authority in enforcing these rules and conditions and any other rules and conditions which may be imposed with due notice.

Signed <sup>\*</sup> \_\_\_\_\_ Signed <sup>\*</sup> \_\_\_\_\_ Signed <sup>\*</sup> \_\_\_\_\_  
 Applicant Father/Guardian Mother/Guardian

In the presence of Sponsor Rotary Club Representative <sup>\*</sup> \_\_\_\_\_  
 (Signature)

Dated this \_\_\_\_\_ Day of \_\_\_\_\_  
 (Month) (Year)

### Emergency Contact in home country

\_\_\_\_\_  
 Name Relation to you

\_\_\_\_\_  
 Telephone Fax

## Supplemental Information

### SPONSORING DISTRICT AND CLUB CONTACTS

District Chairperson: \_\_\_\_\_  
Name

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Club Representative: \_\_\_\_\_  
(Officer or YEO) Name

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### STUDENT

Family name/Legal name \_\_\_\_\_ First/Given name \_\_\_\_\_ Second/Given name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Date you prepared answers (yr/mo/day) \_\_\_\_\_ Religion (spell out) \_\_\_\_\_ Dietary Restrictions (If "YES," explain) \_\_\_\_\_

1. Please list the languages you have studied and indicate your level of fluency.  
(1 = Poor, 2 = Marginal, 3 = Short Sentences, 4 = Fluent)

1st Language \_\_\_\_\_  1  2  3  4

2nd Language \_\_\_\_\_  1  2  3  4

3rd Language \_\_\_\_\_  1  2  3  4

2. What is your favorite school subject? Why? \_\_\_\_\_

\_\_\_\_\_

3. What are your interests and activities? What leadership positions have you held (in school and outside activities such as scouting)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are your hobbies and accomplishments? Elaborate on your interests in these areas (e.g., Why did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What are your future plans and ambitions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Why do you wish to participate in this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Most Rotary Clubs/Districts require you to host the student with whom you will be staying while on this program. Is your family willing to host an inbound exchange student in your home?  Yes  No

What do you prefer as the gender of the student you will host? (Please check one)  Male  Female  Either

8. Describe your community and home. \_\_\_\_\_

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9. Describe your family interests, activities, pets, siblings at home, etc. \_\_\_\_\_

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10. Identify four major issues confronting youth today. Select the most major issue and tell us why it is of personal concern.

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11. Medical Information

a. Do you have any medical conditions? Please describe. \_\_\_\_\_

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b. Have you taken any prescribed medications in the prior six months? Please provide the name of the medication and reason it was prescribed.

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c. Do you have any special health considerations (allergies, disabilities, etc.)? Please describe.

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12. \*\* Do you smoke?  Yes  No \*\* Have you ever been involved with illegal drugs?  Yes  No

\*\* Do you drink alcoholic beverages?  Yes  No

\*\* If you answered "YES" to any of the questions asterisked, please explain: (see Instructions, inside cover page)

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## Picture Page

Once you have your four pictures, show them to the Rotarian or teacher assisting you. If the pictures are approved for the purpose here, affix the pictures to the page with glue or double-sided tape (do not staple).

My Home

My Family

My Special Interest

Something Important to Me

