

# Application for Short Term Program

# Rotary Youth Exchange

### **District**



## **Completing the Application**

for
Short Term Youth Exchange
in
Rotary District

TH EXCH	<u> </u>							
<b>General Requirements:</b>								
<b>♣</b> Your application <u>must</u> be nea	at and legible.							
♣ Number of copies required:								
Signatures on all copies must be original and in blue ink.								
The application form is inter	active and should be comple	eted or	a computer.					
Recommended steps for completing	ng your application: (Che	eck of	f each step as completed.)					
☐Obtain an electronic copy of the a	pplication form and review	the va	rious parts.					
Complete the application on a comon your computer and then go ba		y comp	olete parts of it, save your work					
☐When the application is complete,	print one copy on good qua	lity pa	per.					
Attach good quality <u>color</u> photos (two-sided) tape to attach photos. electronically.								
Obtain good quality <u>color</u> your photos on the application elein color.)		_	eted application. (If you placed the required number of copies					
Obtain original signatures <u>on all required copies</u> in blue ink. Take a blue ink pen with you to obtain signatures. Not everyone always has a blue ink pen.								
☐Make a copy of the completed app	olication (with signatures) fo	r your	records.					
Submit the required number of co								
program representative. Please a	ddress any questions to this	perso	n as well.					
Name of Program Representative	E-mail	E-mail Preferred Ph						
Street or P.O. Box	City	State Zip Code						

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# **Application**for Short-Term Youth Exchange

**Rotary International District** 

**STOP!** Have you read the directions?

(Revised February 6, 2012)

#### Smile!

Attach photo of yourself here recent good-quality

passport size

Head and shoulders only

Use glue or double-sided tape

Do not staple!

			Secti	ion A: (	Gene	eral	Inform	a	tion			
1. Applicar	nt											
Full Legal Name as		ort or birt	th certifica	te e.g. John Davi	d SMITH		Name You	Wis	sh to be Called	Į.	Gen	der
												Male
Date of Birth (e.g.,	23/Sept/19	992)	Citi	izen of (Country)		Place of	f Birth (City, Sta	te o	or Province, Co	ountry)		
Street Address	lress City			State/Province		Postal Code				Country		
Home Phone			Мо	obile Phone E-r		E-mail Addres	E-mail Address					
2. Parents	or L	egal	Guar	dian)			<u>'</u>					
Full Name of Father	r/Legal G	uardian					Rotarian?		If yes, name	of Rota	y Clu	b
							☐ Yes ☐ No	О				
Street Address		,	City		State/Pr	Province Postal Code			Country			
E-mail Address	E-mail Address Home Phone				Mobile Phone							
Occupation				Business Phor	ne			Fa	ax			
Full Name of Mothe	er/Legal C	Guardian		1			Rotarian?		If yes, name	of Rotar	y Clu	b
							☐ Yes ☐ No	О				
Street Address		(	City		State/Pr	rovince	Postal Code			Country	У	
E-mail Address				Home Phone	I			M	Iobile Phone			
Occupation Business Phone			Fax									
3. Sending	Distr	rict a	nd Cl	ub Conta	cts			<u> </u>				
District Number				change Chair		hone	E-mail Address		ss			
Club Name		Name o	of Club Yo	outh Exchange Ch	nair Pl	hone	E-mail Addre		SS			

Name				Page 2 of 10	APST-1			
		Section	on B:	Family				
Siblings (Add pages if necessary)								
Name		ender	Age	Occupation	or School Grade/Level	Living at Home?		
	□Male	☐Male ☐Female				□Yes □No		
	□Male	<b>□Female</b>				□Yes □No		
	□Male	☐Female				□Yes □No		
	□Male	☐Female				□Yes □No		
	□Male	<b>□Female</b>				□Yes □No		
	□Male	<b>□</b> Female				□Yes □No		
Se	ction	C: A	pplica	nt Infori	mation			
1. Languages								
Your Native Language Fluency		_	_	-	for this program.			
you spea	k other	languag	es, please	e list each an	d rate proficiency	y as indicated.		
Rating Scale for Proficiency in a	a Non-Na	tive Lang	uage: 1 = F	Fluent, $2 = 0$	Good, 3 = Fair,	4 = Poor		
Non-native Languages (Not Re	quired)	No. Year	rs Studied	Speaking	Reading	Writing		
				□1 □2 □3 □	]4	□1 □2 □3 □4		
				□1 □2 □3 □	]4	□1 □2 □3 □4		
				□1 □2 □3 □	]4	□1 □2 □3 □4		
2. Personal Informatio	n				<u> </u>	-		
Do you have any religious restrictions?	If yes.	, explain.						
☐ Yes ☐ No	Te		11					
Do you have any Dietary Restrictions (e.g., vegetarian, vegan, food allergies)?		, explain. (A	dd pages if n	ecessary)				
☐ Yes ☐ No								
Do you smoke or use tobacco products?	If yes,	, explain.						
☐ Yes ☐ No  Do you drink alcoholic beverages?	If was	, explain.						
☐ Yes ☐ No	II yes,	, explain.						
Have you ever used illegal drugs?	If yes,	, explain.						
☐ Yes ☐ No								
Answering yes to these questions above will not automatically eliminate you as a candidate; however, it may require special consideration in assigning a host family and/or host country.								
3. Please answer the fo	llowin	g questi	ions.					
Note: Your computer should automatically adjust to accommodate your answer in the space provided. However, if you need more space than has been provided, please add additional sheets for your longer answers. If you do this, please number each answer with the same number as the question.								

Name	Page 3 of 10	APST-1
1. What is your favorite school subject? Why?		
2. What are your interests and activities? (For example, computers, etc.) Describe each and tell how much time the		
3. What are your future plans/ambitions?		
3. What are your future plans/amortions.		
4. Why do you wish to participate in this program? Wha	at do you expect to ga	ain from it?
5. Describe your home and community.		

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6. If you or your family has pets (cats, dogs, birds, etc.), lis indicate whether they live inside the home.	t the types, number	of each type and
indicate whether they live fished the home.		
7. Describe your family activities (camping, shopping, spo	rts, traveling, etc.)	
8. Identify four major issues confronting young people tod	ay. Select one of per	rsonal concern
and tell why.		
9. In this program you and your family are expected to how exchanging. Discuss this with your parents before answer accommodations. Please check the box that describes accommodations are compared for your parents had in required for your parents and in required for your parents.	ing these questions a ommodations for yo	about
(Recall that in all cases, a separate bed is required for you	r student.)	
☐ Our student would have his/her own bedroom	41	
☐ Our student would be expected to share my bedroom, b	_	
Please describe any special conditions or circumstances re	lated to hosting a st	udent.

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Section D:	Photo P	<u> </u>			
My Home	My Family				
Something Important to Me		My Special In	nterest		

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#### **Section E: Rules and Conditions of Exchange**

#### 1. Permissions and Declarations

As a Youth Exchange Program participant sponsored by this Rotary district, you must agree to the following rules and conditions of exchange. Violation of any of these may result in dismissal from the program and immediate return home, at your expense. Exchange partner districts may have additional rules and conditions.

#### 2. Rules and Conditions of Exchange

- 1. You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2. You will be under the host district's authority while you are an exchange program participant and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3. You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed. Also, smoking is prohibited.
- 4. The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home.
- 5. You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6. You must have travel insurance that provides coverage for accidental injury and illness, third party liability, death benefits (including repatriation of remains), disability and dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 7. You must purchase return travel ticket before departure from the home country.

- 8. You must attend all orientations and trainings offered by the sending and host districts and clubs.
- 9. You must have sufficient financial support to assure your well-being during your exchange.

Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.

- 10. You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family and if you are under 18, your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 11. You must return home directly by a route mutually agreeable to your host district and, if under age 18, your parents or legal guardians.
- 12. Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 13. You should communicate with your host family prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
- 14. Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits may only take place with the consent of the host club and district and within their guidelines.
- 15. Talk with your host counselor or other trusted adult if you encounter any form of abuse or harassment.

#### 3. Ways to Insure a Successful Exchange

- 1. Respect your host family and adapt to their lifestyle. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 2. Make an effort to learn the basics of the language of your host country.
- 3. Attend Rotary-sponsored events and host family events, and show an interest in these activities. Volunteer to be involved do not wait to be asked.
- 4. Avoid serious romantic involvement. Abstain from sexual activity.
- 5. Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse any costs that you incur.
- 6. Limit your use of the internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 7. If you are offered an opportunity to go on a trip or attend an event, before you accept, make sure you understand your responsibilities and are aware of any costs that you must pay.

Name		
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#### **Section F: Statement of Conduct for Working with Youth**

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. Rotarians, spouses, partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual and emotional abuse. (Adopted by the Rotary International Board of Directors, November 2006)

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# 1. Health Declaration Do you have any mental, physical, medical or dental health problems? Have you been treated for a mental or physical health condition during the past two years? Have you taken any prescribed medications during the past six months? Do you have any health conditions that require regular treatment? (Disabilities, allergies, etc.) Do you have any medical or dental condition requiring treatment while on your exchange? Yes No

If you have answered 'YES' to any of the above, attach separate page(s) explaining the nature of each problem. In particular, include the name of any prescribed medication and state its purpose. Also, explain how you expect to handle your health problem(s) while you are on your exchange.

#### 2. Permission for Medical Care and Release from Liability:

We, the parents/legal guardians of the applicant, and I, 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 participating as a Rotary Youth Exchange student:

In the event of accident or illness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select appropriate physician(s), dentist(s) and/or medical facilities to provide treatment.

We/I consent to any medical treatment deem necessary or advisable by an appropriate licensed physician or dentist, including the administration of prescription drugs.

Further, for conditions considered by an appropriate licensed physician or surgeon to require emergency treatment, we/I give permission for the administration of an anesthetic, for an appropriate surgical procedure and for blood transfusion. We, the parents/legal guardians, do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

In the case of elective surgery, we, the parents/legal guardians, request that we be notified and our permission obtained before such arrangements are made.

We/I agree to hold harmless Rotary International, any Rotary District or Club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

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3. Declaration					<u>"</u>			
In consideration of the acceptance and participation of the applicant in this program, the undersigned applicant and his/her parents or legal guardians, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor 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 that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, 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.  As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange and agree to abide by them and others imposed with due notice during the exchange.  We attest that we have read and understood the Statement of Conduct for Working with Youth and we understand that all Rotarians and host families are expected to have read and understood this statement. We also understand that the student participant will be provided with training and written material on whom to contact and procedures that must be followed should abuse or harassment be encountered.  The undersigned applicant attests that he/she is in good health and character, that he/she understands the importance of a Rotary Youth Exchange Student's role as a youth ambassador, and that, should he/she be chosen to represent his/her sponsor Rotary club and district, school, community, state/province, and country will, to the best of his/her ability, maintain the high standards required.								
We attest that all the deta to the best of our knowled		pplication	and the a	ttached docume	nts are true a	and accurate		
Signature of Applicant	Signature of Fath	er/Guardian		Signature of Mother	Signature of Mother/Guardian			
Signature of Witness (Sending Rotary	representative)		Date (For ex	ample 01/Jan/2006)				
Section	on H: Emer	gency	Conta	act Inform	ation			
1. Parent/legal guard	dian to contact	first in	event o	f an emergen	c <b>y</b>			
☐ Father ☐ Mother ☐	Either Are pa	rents div	orced or	separated? □Yes	□No			
If applicant is under 18, authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation (on separate page) is required if signatures of two parents or legal guardians are not provided.								
2. Alternate Emerge					_	n)		
Name	Relation (Uncle, etc.)	Phone	N	Mobile Phone	E-mail			
		·						

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Section I: Guaran	itee Form – Shor	t-Term	<b>Exchange</b> 1	Program				
Sponsor (Se	ending) Club and	l Distric	t Guarante	ee				
1. Applicant Identification								
Name as on passport or birth certificate (e.g. John	Edward SMITH)	Name You Wis	h to be Called	Gender				
				☐ Male ☐ Female				
Date of Birth (e.g., 23/Sept/1992)	Citizen of (Country)	Place of Birth (	City, State or Province					
Street Address	City	State/Province	Postal Code	Country				
Home Phone	Mobile Phone	E-ma	il Address					
2. Applicant and Parent/Le	gal Guardian Gua	rantee						
<b>A. Applicant Guarantee</b> I, the applican I depart my home country; (2) abide by thosts; (3) attend all orientations and train permission to stay in my host country, and	the rules and decisions of the nings offered by my sponsor	e program, acc	cepting advice and ricts and clubs; and	l supervision of my				
<b>B. Parent/Legal Guardian Guarantee</b> We, the parents/legal guardians of the above applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.								
The Undersigned <b>APPLICANT</b> and <b>PA</b> Guarantee (A and B) and that the applicato travel to the host district, live with applications.	ant is permitted			d Parents'/Guardians'				
Student Signature	Father/Guardian Signature	1	Mother/Guardian Signature					
Witness Name (Program Representative)	Witness Signature	1	Date					
3. Sending Club and Distric	ct Endorsement							
The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.								
Sending District Number	Sending Club		Sending Club ID Nu	ımber				
Name of District Youth Exchange Chair	Name of Club President		Name of Club Secre	tary or Club YEO				
Signature of District Youth Exchange Chair	Signature of Club President		Signature of Club Se	ecretary or Club YEO				
Date (e.g., 23/April/2008)	Date (e.g., 23/April/2008)		Date (e.g., 23/April/	2008)				

	Nam	e			]	Page	10 of 10	APST-1	
Section J: Guara	antee F	orm – Short	-Tei	rm Ex	cha	nge	Progran	n	
Host	t (Recei	ving) Club a	ınd	Distri	ct G	Juar	antee		
1. Applicant Identification Full Legal Name as on passport or birth certificate  Name You Wish to be Called						Gender ] Male □ Female			
Date of Birth (e.g., 23/Sept/1992)		Citizen of (Country)		Place of Bir	rth (City	y, State o	or Province, Coun		
Street Address		City		State/Provin	nce	Postal Code		Country	
Home Phone		Mobile Phone		E-	-mail A	ddress			
2. Host (Receiving)	Club and	l District Gua	rant	ee					
The host Rotary club and di matched student and family who will adequately monitor	for the stud	dent named above. ' vise this exchange w	They while the	also agree	e to pr	rovide a	a trained Rot	ary Counselor	
Host (Receiving) District Number		Host (Receiving) Club I	Name		I	Host (Rec	ceiving) Club ID	Number	
Name of District Youth Exchange Ch	nair	Name of Club President	t		ı	Name of	Club Secretary or	YEO	
E-mail of District Youth Exchange C	hair	E-mail of Club Presiden	nt		F	E-mail of	Club Secretary o	or YEO	
Signature of District Youth Exchange	e Chair	Signature of Club Presid	dent		S	Signature	of Club Secretar	y or YEO	
Date (Example, 23/April/2008)		Date (Example, 23/Apr	ril/2008	)	I	Date (Example,, 23/April/2008)			
Home Phone Number		Home Phone Number			I	Home Phone Number			
3. Host (Receiving)	Club Cor	unselor			<u> </u>				
Name			E-mai	l Address					
Street Address		City or Town		State or Pr	rovince		Postal Code	Country	
Home Phone Number	Business I	Phone Number	Mobil	e Phone Nun	nber		Fax Number		
4. Host Family for T	his App	licant							
Host Father's Name	Host Father's	E-mail Address	Bu	siness Phone	Numbe	er	Mobile Phone N	Vumber	
Host Mother's Name	Host Mother's	s E-mail Address	Bu	siness Phone	Numbe	er	Mobile Phone N	Vumber	
Street Address		City or Town		State or F	Province	e	Postal Code	Country	
Home Phone Number Nam	es and ages of o	other persons 18 or more y	ears old	l living in hos	st home	e:			