



# Application for a Rotary Youth Exchange

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

Make two copies and SIGN each application in BLUE ink. All signatures must be originals.

## 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 - District YE Chairperson  
\*      \*  
Sign - Club President      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) \_\_\_\_\_

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 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?).

4. Describe your family interests, activities, pets, siblings at home, etc.

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

**Picture Page**

My Home

My Family

My Special Interest

Something Important to Me