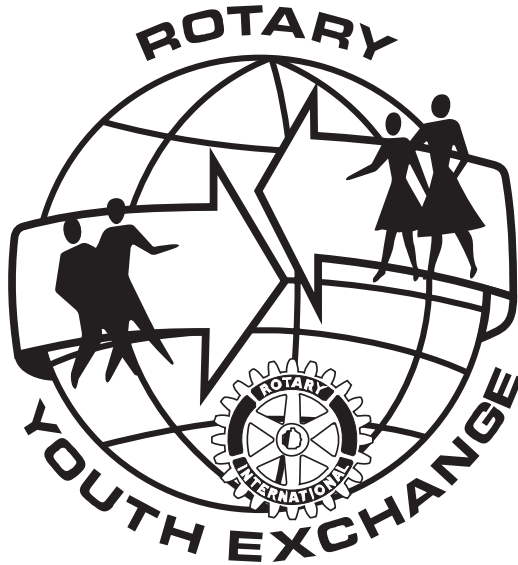


# Application for a Rotary Youth Exchange Long Term Program



## A Study Year Abroad

Submit completed application to:

Read instructions on pages i-iii before completing application

# Instructions for Rotary Youth Exchange 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:

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. Student signature is required five times and parents' or guardians' signatures are required three times on each copy of the application. To help you find signature locations, all signature locations have been placed in boxes and asterisked (\*). Request the doctor and dentist to make copies **before** they sign.

### Photographs:

Original pictures or color photocopies must accompany all **four** copies of the application. You will need four head-and-shoulder pictures of yourself and four copies of each photograph requested on the **Picture Page 8**. You may use a color copier. Pictures should be attached using a gluestick or double-sided tape. *Do not staple the pictures.*

### Dates:

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

### Telephone Numbers:

Please include all country, city and area codes for telephone numbers.

### Abbreviations:

YE — Youth Exchange

YEO — Youth Exchange Officer

### Other:

If you have any questions concerning the completion of this application, check with your school counselor or your local Rotary Club's Youth Exchange Officer. Upon completion of your application, return it to your local Rotary Club or school official in accordance with their instructions.

## SPECIFIC INSTRUCTIONS:

### Page 1:

**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. This should be a telephone number by which we can contact your parents in an emergency. If your parents have a fax number or e-mail address, type it in the space provided.

**Date of Birth** Remember to use 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 four 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.

## **Page 2: Secondary School and Personal Information**

The number of years attended school should not include kindergarten or the equivalent.

Obtain an official transcript or record from your school of all courses completed in the last two years and include it with your application. A record of the school courses you have completed and the grades received is important in order for your Host School to place you in appropriate classes during your exchange year. It should be translated into English.

If you have studied a foreign language, please give us your personal assessment of your proficiency.

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 as a candidate, however, it will necessitate special consideration of host family assignments. If necessary, add an additional page. In your explanation address the following question: "How would living with a family where smoking or drinking is prohibited affect my exchange year?"

The "Secondary School Principal/Guidance Counselor Report" may be completed by the principal, headmaster, guidance counselor, dean of students or other school official who is in a position of administrative authority and is familiar with you. It should not be completed by a teacher. This page should be returned to you and submitted with your application.

## **Pages 3-5: Medical and Dental Examinations**

Make your doctor appointments now. This portion of the application must be completed by the time you come to the District interviews. This part of the application must be completed by a licensed medical doctor and dentist who is **not** an immediate family member.

No student will be considered at the District level without a completed medical and dental examination. If you do not reach the District level interview, you may cancel the appointments. All information must be completed on the application as requested. Some doctors furnish letters stating that patients have had regular checkups and are in good health. This is not acceptable. Should you need medical care while overseas, the host country doctor needs some medical information about you. Be sure you have a TB Mantoux test as required. Encourage your doctor to write legibly.

## **Page 5: Permission for Medical Care and Release of Medical Records and 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 and/or guardians 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.

## **Page 7: Supplemental Information**

The sponsoring Rotary club and district must complete the top section of page 7.

If you have any dietary restrictions, be sure to state clearly what you cannot and/or will not eat. Also please tell us if these restrictions are based on medical advice, based on your religion, or you own personal preferences.

Answer each question in detail but keep to three pages (single spaced on A4 or 8 ½ in. x 11 in. paper). Your answers to the questions should be typed and show some thought. Again, spelling, grammar and neatness count. Give thought to your photographs and the message you are communicating to your future host Rotary club and host families.

### **Page 8: 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). You may either make color copies of the page or use all original copies of the pictures. Poor, unclear or cluttered pictures tell others that you did not take the time to prepare a good application.

In the “my family” section include immediate family members in the picture if possible. In the “special interest” section include a photograph of you doing your favorite hobby or activity. In the “something important to me” section include a photograph of your pet(s), friends, etc. Describe the subject below the photograph if not obvious.

### **Page 9: Guarantee Form**

This is part of the visa application, so complete it carefully. Be sure to include your country in your home address.

(A) Applicant’s Guarantee: Read carefully so you clearly understand all items.

(B) Parent’s/Guardian’s Guarantee: Read carefully so you clearly understand your responsibilities and obligations. Both parents or legal guardians must sign. If parents are divorced, the non-custodial parent must sign unless someone else has legal guardianship. Witness signature may be left blank if club official is not present. A District-level Rotarian can sign here.

Part C, D, E and F will be completed in your host country. Receiving clubs should fill in the amount of the monthly allowance in US equivalent dollars.

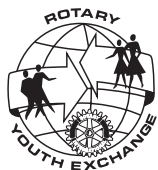
### **Page 11-12: Program Rules and Conditions of Exchange**

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 year 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.

### **Page 13: Confidential School Report**

Please print or type your name and address and sign on the top line of this form. Then give this to someone in your school (Principal/Headmaster, Guidance Counselor, Teacher) who knows you well. Provide them with a pre-addressed, stamped envelope with the address of your local Rotary representative. This reference must be sent directly to the local Rotary representative.



# Application for a Rotary Youth Exchange

District \_\_\_\_\_ Long 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 on pages i-iii.

## 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

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 pages 11-12 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

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

## Secondary School and Personal Information

Name of School \_\_\_\_\_

Address \_\_\_\_\_

1. In what year will you finish School? \_\_\_\_\_

How many years of primary and secondary school have you attended? \_\_\_\_\_

2. Please attach a transcript (record) of secondary school courses you have completed and the grades you received in the last two years, translated into English.

3. 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

4. Do you have a steady boy/girl friend?  Yes  No If "Yes," how often do you go out together? \_\_\_\_\_

5. \*\*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 the questions asterisked, please explain: (see Instructions, pg. ii)

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## Secondary School Principal/Guidance Counselor's Report

The following should be completed by a school representative who is familiar with the applicant, and is aware of his/her academic abilities and personal involvement in school activities.

1. a) Applicant's present grade/year in school (9th, 10th, etc.)? \_\_\_\_\_ b) Number of grades in your school? \_\_\_\_\_

2. a) Number of students in applicant's class? \_\_\_\_\_ b) Number of students in your school? \_\_\_\_\_

3. What is the applicant's approximate class ranking (Top 10%, 30%, etc. or 12th out of 56, etc.)? \_\_\_\_\_

4. Please list the major courses the student is taking and comment on their ability and results achieved.

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5. In your opinion, does the applicant have the ability, work habits, character traits and flexibility to succeed in a foreign environment which will include learning a foreign language? Please comment.

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6. Do you believe the applicant has parental support for spending an academic year abroad?  Yes  No

I hereby recommend the applicant as a Rotary Youth Exchange Student to study abroad for one year and serve as an "ambassador."

*		
Type - Name	Signature	Date (yr/mo/day)
Title	Telephone Number	Fax

# Medical History and Examination

**To the Physician:** This student is considering a year abroad as an exchange student. Insufficient, inadequate or improper information about a student relative to medications, psychiatric, psychological, or other medical problems could put the life of this student in danger while overseas. Allergy information in particular is critical to host family placement and student well being. This Medical History and Examination may **not** be completed by an immediate relative of the student.

Please type or print this form.

Full Legal Name of Applicant \_\_\_\_\_ Sex:  male  female Age: \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

Applicant's: Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Sys. \_\_\_\_\_ Dia. \_\_\_\_\_ Pulse Rate/minute \_\_\_\_\_

## Medical History

1. Has the applicant ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had:

- |                         | Yes                      | No                       |                               | Yes                      | No                       |
|-------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| a) Allergies            | <input type="checkbox"/> | <input type="checkbox"/> | n) Malaria                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Anorexia or bulimia  | <input type="checkbox"/> | <input type="checkbox"/> | o) Liver Disease or Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Asthma               | <input type="checkbox"/> | <input type="checkbox"/> | p) Menstrual Disorders        | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Appendicitis         | <input type="checkbox"/> | <input type="checkbox"/> | q) Mental Disorders           | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Arthritis            | <input type="checkbox"/> | <input type="checkbox"/> | r) Pneumonia                  | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Bowel problems       | <input type="checkbox"/> | <input type="checkbox"/> | s) Rheumatic Fever            | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Cancer               | <input type="checkbox"/> | <input type="checkbox"/> | t) Serious Headache/Migraine  | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Diabetes             | <input type="checkbox"/> | <input type="checkbox"/> | u) Stomach Ulcer              | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Epilepsy or seizures | <input type="checkbox"/> | <input type="checkbox"/> | v) Urinary Tract Infection    | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Hearing Loss         | <input type="checkbox"/> | <input type="checkbox"/> | w) Vertigo                    | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Heart Disease        | <input type="checkbox"/> | <input type="checkbox"/> | x) Visual Problems            | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Hernia               | <input type="checkbox"/> | <input type="checkbox"/> | y) Eyeglasses/Contact lens    | <input type="checkbox"/> | <input type="checkbox"/> |
| m) HIV Positive or AIDS | <input type="checkbox"/> | <input type="checkbox"/> |                               |                          |                          |

2. Has the Applicant:

- had any surgical operation not revealed in previous questions, or gone to a hospital, clinic, dispensary or sanatorium for observation, examination or treatment not revealed in previous questions?  Yes  No
- taken any prescribed medication in the past six months?  Yes  No
- presented any history or current evidence of nervous, emotional or mental abnormality, functional nervous breakdown or nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?  Yes  No
- ever used heroin, cocaine, marijuana, or other hallucinogens, amphetamines or other street drugs?  Yes  No
- ever received treatment or advice from a physician or other practitioner regarding the use of alcohol, or the use of drugs except for medical purposes; or received treatment or advice from an organization which assists those who have an alcohol or drug problem?  Yes  No
- had excessive weight gain or loss in recent past?  Yes  No
- suffered chest pain, wheezing, shortness of breath or fainting episodes?  Yes  No
- chronic diarrhea, vomiting, abdominal pain or constipation?  Yes  No
- chronic skin conditions, e.g., severe acne, eczema, or psoriasis?  Yes  No
- weakness of neurologic or muscular skeletal system?  Yes  No
- any dietary restrictions?  Yes  No If "Yes," specify and note if for medical, religious or personal choice.

For all parts of question 1 and 2 answered "Yes," give details:

Identify question	Describe nature and severity of disorder, specific diagnosis, frequency of attacks, and treatment	Dates and duration

3. Will the student be taking any prescribed medications with him/her?  Yes  No.  
 The following medication(s) will be taken with the student: (Please list the international and generic name, compound symbols, doses, and reason.) \_\_\_\_\_

4. Indicate dates (year) when the student had the following diseases (or indicate that he/she has not):  
 Measles (Rubeola) \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ German Measles (Rubella) \_\_\_\_\_  
 Hepatitis \_\_\_\_\_ Chickenpox \_\_\_\_\_ Other infectious diseases (name and date) \_\_\_\_\_

5. Immunizations: Dates of last booster and doses received must be clearly stated.  
*Immunizations are a prerogative to school attendance in many locations.*  
 I certify that the applicant has been immunized against the following diseases  
 (note number of doses and dates of all boosters).

No. doses	Dates of Immunization (Yr/Month/Day)	Immunization
_____	_____	Diphtheria
_____	_____	Pertussis (Whooping Cough)
_____	_____	Tetanus
_____	_____	Rubella (German Measles)
_____	_____	Rubeola (Measles)
_____	_____	Mumps
_____	_____	Polio (Sabin-3 or more TOPV, or Salk-4 or more IPV)
_____	_____	BCG
_____	_____	Other (Specify) _____

Additional comments relative to immunization: \_\_\_\_\_

6. Tuberculosis Screening: Student requires evidence of recent (within 3 months) Mantoux test — Tine is no longer adequate.  
 Mantoux test date (yr/mo/day): \_\_\_\_\_, Positive \_\_\_\_\_, Negative \_\_\_\_\_.  
 If positive, chest x-ray results and what treatment has been given: \_\_\_\_\_

7. How long have you, the examining physician, known the patient? \_\_\_\_\_

**Physical Examination**

Please state if there are any abnormal findings in today's examination:

	Yes	No		Yes	No		Yes	No
Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (mass)	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal System	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Rectal	<input type="checkbox"/>	<input type="checkbox"/>
Heart (murmur, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
			Extremities (muscular)	<input type="checkbox"/>	<input type="checkbox"/>			

If you have answered "Yes" to any of the above, please provide detailed information on a separate page(s). Please type the report and include the student's full legal name at the top of the page(s).

**CERTIFICATION:** I certify that I hold a valid current license to practice medicine and I have personally examined the applicant herein named and have reported my findings on page 3 and 4 and/or on a separate report which is attached hereto and made a part of this examination. I certify that I am not an immediate relative of the patient. Subject to my remarks and findings noted, I find the applicant:

In good health and not suffering from any mental or medical condition(s) which would preclude program participation

Applicant suffers from mental or medical condition(s) as noted in my report.

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\*

Type - Physician Name	Signature	Date (yr/mo/day)
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Address	City, State, Postal Code	Telephone	Fax
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# Dental Examination

Full legal name of applicant

**To the Dentist:** This student is considering a year abroad as an exchange student. Insufficient, inadequate or improper information about a student relative to dentition, medications, or other problems could put the life of this student in danger while overseas. The Dental Examination may **not** be completed by an immediate relative of the student. *Please type or print this form.*

This certification is to be signed by the student's dentist. Please note the general state of dentition and note any dental problems which may occur and which may require attention while the applicant is in another country.

1. Is the applicant in good dental health?  Yes  No
2. Does the applicant require dental work at this time?  Yes  No
3. Do you foresee the applicant requiring any dental work while abroad?  Yes  No (If "Yes," explain on reverse)

**CERTIFICATION:** *I certify that the applicant's dental condition is as noted above. I certify that I am not an immediate relative of the patient and hold a valid license to practice dentistry.*

	*		
Type - Dentist's Name	Signature	Date (yr/mo/day)	Telephone

## Permission for Medical Care and Release of Medical Records and Liability

1. We, the parents/guardians of the applicant, and I the applicant, hereby **authorize the release of medical information** acquired in the course of the examination by the physician and dentist.
2. 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:
  - 1 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;
  - 1 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;
  - 1 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;
  - 1 In the case of **elective surgery**, we/I request **that we/I be notified prior** to such arrangements.
3. We/I **agree to hold harmless Rotary International, any Rotary District, Rotary Club, Rotarian, Rotary chaperone, host family, physician/dentist and medical facility for any intervention in an emergency situation** regardless of final outcome.
4. We/I **agree to assume all financial obligations** beyond those covered by insurance for any medical treatment rendered.
5. We/I further **release Rotary International, all Rotary Districts, Rotary Clubs, Rotarians and host parents from damages arising out of ordinary negligence**, excepting gross negligence or intentional conduct, during the time they may be providing care and control of our son/daughter/ward.

Type - Father/Guardian name	Type - Mother/Guardian name	Type - Applicant name
*	*	*
Signature	Date (yr/mo/day)	Signature
		Date (yr/mo/day)

### Emergency Contact in home country

Name	Relation to you
Telephone	Fax

**This space reserved for additional medical/dental comments**



# Supplemental Information

## Information for Host Rotary District, Club and Host Families

### SPONSORING DISTRICT AND CLUB CONTACTS

**District Chairperson:** \_\_\_\_\_  
Name Address

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

**Club President:** \_\_\_\_\_  
Name Address

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

### STUDENT

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

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

*Typewrite or computer print (single space) your answers to the following questions. Keep your response to all questions to three sheets of paper (A4 or 8 1/2 in. x 11 in.). Answer each question in detail.*

1. What are your school interests and activities? What offices or leadership positions have you held?
2. What are your hobbies and accomplishments? (e.g., art, music, sports, etc.) 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?)
3. What are your future plans and ambitions concerning your education and future career? Why?
4. What do you specifically hope to accomplish as an Exchange Student, both during your year and when you return?
5. Elaborate on the occupations of your mother and father. (e.g., What product or service does each make or perform? What is her/his position or title?)
6. Tell us about trips that you have taken outside your country. Why did you take these trips, with whom, for how long, etc.?
7. We all dislike certain things. List those things which you dislike. (e.g., what kind of foods, certain animals, certain treatment by other people, etc.)
8. List what you feel are your strong characteristics.
9. List what you feel are your weak characteristics.
10. Describe a typical non-school day in your life. (e.g., What do you do when you have free time?)
11. Describe what you do at your school. (e.g., How many subjects do you take? What are they? How long are the classes? What is your daily schedule during your school year? Start with your wake-up time and discuss only one typical day's schedule.) If you have course choices at your school, tell what and why you chose as you did.
12. Describe your home. (e.g., Do you have your own room? Do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride the bus, or walk to school?)
13. How many brothers and sisters do you have, what are their ages and what do they do? (e.g., Do they live at home? Are they in school, university? What are they studying (degree goal)? If working, what is their job?)
14. Describe your community. (e.g., location relative to major city, population, industry, economy, etc.)
15. What is your favorite book and author? Why? About how many books do you read each month?
16. Identify four major issues confronting youth today. Select the most major issue and tell us why it is of personal concern.

**Picture Page**

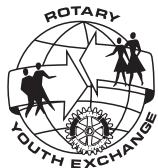
Once you have your four pictures, show them to the Rotarian or teacher assisting you. If the pictures are approved for the purpose here, affix the pictures to the page with glue or double-sided tape (do not staple).

My Home

My Family

My Special Interest

Something Important to Me



# Guarantee Form/Visa Application

## For a Rotary Youth Exchange Program

(TYPE or PRINT ONLY — All Signatures in BLUE ink)

Family name/Legal Name	First/Given Name	Middle/Second Given Name	Sex (M/F)	
Home Street Address	City	State/Province	Postal Code	Country
Date of Birth (yr/mo/day)	Place of Birth	Citizen of (Country)	Sponsor Rotary District	Host Rotary District Host Country

**(A) Applicant's Guarantee** — I, the applicant named above agree to the following: 1. Purchase round trip air travel before I depart my home country, 2. Abide by rules and decisions of the program accepting advice and supervision of my hosts, 3. Learn the language of my Host Country, 4. NOT drive a motorized vehicle, 5. Not request permission to stay in my Host Country after completion of my exchange, 6. Return home after my completion of my school year.

**(B) Parent's/Legal Guardian's Guarantee** — We, the parents/guardians of the above named applicant agree to the following: 1. Pay all costs of transportation, passport and visa, 2. Pay costs for health and accident insurance, 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 to be returned at completion of the exchange if not used), 5. Attend orientation meetings, 6. Agree to abide by program rules and follow Host District policy on visiting the applicant while abroad.

**(C) Receiving Club's Guarantee** — (To be completed by Host Club in assigned country) The Rotary club will provide room and board in approved homes, provide one year's study at high school level, give the applicant a monthly allowance in the amount of US\$\_\_\_\_\_, invite the applicant to participate in Rotary club and district events and activities typical of our country, provide guidance and supervision to assure the applicant's welfare.

Name of Host Club (Type/Print)	District
US\$	Arrival Airport
Monthly allowance	

**(D) Schooling Guarantee** — (To be completed by the school the applicant will attend) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant/parents/guardians.

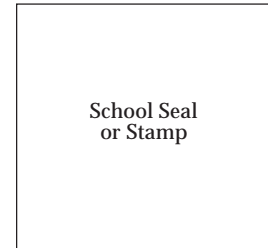
Name of School (Type/Print)	City
Date School Starts	

The undersigned Applicant and Parents/Guardians hereby agree to the Applicant's and Parent's Guarantee (A and B) and that the applicant is permitted to travel to the Host District/Country, live with Rotary approved families for up to one year and attend high school.

* Signed (Applicant)	Date (yr/mo/day)
* Signed (Father/Guardian)	Date (yr/mo/day)
* Signed (Mother/Guardian)	Date (yr/mo/day)
* Witness (Rotary Club Officer or YEO)	Date (yr/mo/day)

Club President Name (Type/Print)	
* Club President Signature	Date (yr/mo/day)
Club Secretary or YEO (Type/Print)	
* Club Secretary or YEO Signature	Date (yr/mo/day)

School Official (Type/Print)	
* School Official (Signature)	
Office Held	
Date (yr/mo/day)	



**(E) First Host Family**

Name (Type/Print)	Fax
Address (Street, City, State, Postal Code) (Type/Print)	
Telephone	

**(F) Host Club Counselor**

Name (Type/Print)	Fax
Address (Street, City, State, Postal Code) (Type/Print)	
Telephone	

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# Program Rules and Conditions of Exchange

As a Youth Exchange Student sponsored by a Rotary Club and/or District, you must agree to the following rules and conditions of exchange. Please note that districts may edit this document or insert additional rules on the reverse side if needed to account for local conditions.

## **Strict Rules and Conditions of Exchange — Violations will result in student's immediate return home.**

- 1) Obey the Laws of the Host Country — If found guilty of violation of any law, student can expect no assistance from their sponsors or their native country. Student will be returned home as soon as he/she is 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 should refrain. If the host family offers a student an alcoholic drink, it is permissible to accept it under their supervision in their home.
- 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 attend school regularly and make an honest attempt to succeed.
- 9) The student must abide by the rules and conditions of exchange of the Hosting District provided to you by the District Youth Exchange Committee.

## **Common Sense Rules and Conditions of Exchange — Violations will result in a district review and restrictions. Severe/Consistent disregard for these rules will result in being returned home.**

- 1) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your year. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your Host Family's bedrooms.
- 2) Become an integral part of the Host Family, assuming duties and responsibilities normal for a student of your age and other children in the family. Respect your host's wishes.
- 3) Learn the language of your host country. The effort will be appreciated by teachers, host parents, Rotary club members and others you meet in the community. It will go a long way in your gaining acceptance in the community and those who will become lifelong friends.
- 4) Attend Rotary-sponsored events and host family events. Show an interest in host family and Rotary activities to which you are invited. Volunteer to get involved, do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 5) Get involved in your school and community activities. Plan your recreation and spare time activities around your school and community friends. Do not spend all your time with the other exchange students.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills you incur promptly. Ask permission to use the family telephone, keep track of long distance calls and reimburse your host family each month for the calls you make.
- 8) Travel is permitted with host parents or for Rotary club or district functions authorized by the hosting Rotary Club or district with proper adult chaperones. Other travel must be approved by the host district contact, host club, host family and student's own parents/legal guardians in writing exempting Rotary of responsibility and liability. Students may not travel alone or accompanied only by other students.
- 9) If you are offered an opportunity to go on a trip or to an event, make sure you understand any costs you must pay and your responsibilities before you go.
- 10) You must show proof of proper immunization. See page 4, question 5 — Immunizations.
- 11) Students should have sufficient financial support to assure their well-being during the exchange year. Your hosting district may require a contingency fund for emergency situations. It must be replenished by the student's parents/guardians as it is depleted. Unused funds at the end of the exchange will be returned to the student. These funds must be turned over to your Host Rotary Club upon your arrival and is not meant to cover day-to-day expenses.
- 12) Any costs relative to a student's early return home or any other unusual costs (e.g., language tutoring, tours, etc.) shall be the responsibility of the student's own parents/guardians.
- 13) Students must return home directly by a route mutually agreeable to the host district and student's parents/guardians.

**Common Sense Rules and Conditions of Exchange, continued**

- 14) 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. If the student has relatives in the host country or region, they will have no authority over the student while the student is in the program.
- 15) Visits by your parents/guardians, siblings and/or friends while you are in the program are strongly discouraged. Such visits may only take place with the host club and host district’s consent and only within the last quarter of the exchange or during school breaks. Visits are not allowed during major holidays, even if occurring during school breaks.
- 16) Avoid serious romantic activity. Abstain from sexual activity and promiscuity.

**Additional Program Rules and Conditions of Exchange:**

**(if none, please indicate)**

**Declaration:**

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 the 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 GIVE PERMISSION for any and all medical care as identified in the “Permission for Medical Care and Release of Medical Records and Liability” which we have signed and which may be deemed necessary or advisable for the treatment of any illness or injury suffered by applicant.

Having read and understood the “Program Rules and Conditions of Exchange” on both sides of this page, we each 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.

**(Signature on all copies must be original and written in blue ink)**

Signed \* \_\_\_\_\_  
(Applicant)

Signed \* \_\_\_\_\_  
(Father/Guardian)

Signed \* \_\_\_\_\_  
(Mother/Guardian)

In the presence of Sponsor Rotary Club Representative \* \_\_\_\_\_  
(Signature)

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



# Confidential School Reference

**DO NOT RETURN TO STUDENT**

**Student:** Please complete the top line of this form. Then give this form and a pre-addressed envelope to a teacher, guidance counselor or school principal who knows you well. By so doing, you hereby give permission to the school to release this information to the Rotary club/district Youth Exchange committee for their review.

**Evaluator:** Thank you for completing this form. The student whose name is listed below is applying for a year educational study program abroad under Rotary club/district sponsorship. Please forward this form within seven days of receipt. Please mail it in the pre-addressed envelope provided with the form. The information you provide will be kept confidential.

The information will be used only in the selection process and will be destroyed thereafter.

	*		
Name of Applicant	Address of Applicant	Signature of Applicant	Date (yr/mo/day)
Name of School	Address of School		

## Ratings:

Please rate the student in each of the following areas. Compared to other students of the same age, please indicate with an "X" how you would rate the applicant in terms of academic skills and potential.

Area	Average or below (Above Average)	Good (Top 10%)	Excellent (Top 2-3%)	Outstanding	No Basis
Creative, original thought					
Independence, initiative					
Intellectual ability					
Emotional stability					
Academic achievement					
Openness to new ideas					
Flexibility & Adaptability					
Ability to communicate					
Potential for growth					
Disciplined habits					
Participation					

## Recommendation:

In summary, I would recommend this student in the following category as a future Rotary Exchange Student:

- not recommended   
  without enthusiasm   
  fairly strongly   
  strongly   
  enthusiastically  
 Please call me, I would like to discuss this student and/or the exchange program with you.

	*		
Name of Evaluator (Please print)	Signature	Telephone	Date (yr/mo/day)
Office held (Principal/Headmaster, teacher, etc.) _____			

**Comments:** Please add any comments on the applicant's suitability as an exchange student and "ambassador" on the reverse.

**(School Evaluator may use this page for Additional Comments)**