
Rotary Youth Exchange Short-Term Exchange Program (STEP) Application



Submit completed application to:

General Information and Instructions

Types of Short Term Exchange Programs

- **Family to family exchange** (Homestays Ages 15-19)

General Application Pages 4-9 and Supplementary Page A

This program is for individual participants or groups of participants to stay with host families in another country for a few weeks. Most Homestays are reciprocal; for example, a Brazil-Germany exchange may start with a young person from Brazil spending a few weeks in Germany, followed by a visit from a German youth to Brazil. Such exchanges are normally family-to-family or club-to-club. During the course of this program it may be possible to participate in **Tours** for groups of young people from the same country or several different countries.

- **Youth Camps and Tours**

(Ages 15-24 as determined by the organisers of the individual camp or tour)

General Application Pages 4-9 and Supplementary Page B

These camps bring together participants from several countries and take place usually in summer. Camps may have themes such as sports, culture, nature, language, computer or participation in a community service project. Some camps provide leadership training and address international concerns. By bringing together international participants, camps promote cultural tolerance and international understanding through friendship.

Where possible young people with disabilities will be included in the camp or tour programs, however for the more severely disabled special camps known as '**Handicamps**' are organised where participants can be assisted by a carer. In addition to this Application Form further information from participants will be required by the organisers.

- **New Generations Exchange** (Ages 18-25)

General Application Pages 4-9 and Supplementary Page C

This program is closing the age gap between classical Youth Exchange and Group Study Exchange (GSE).

Individual exchanges can last up to 3 months and programs be designed to include language tuition and professional, vocational or social work experience (without pay).

Group exchanges are of 3-6 weeks duration and are normally for between 6-10 young people often under the leadership of a Rotarian or Rotarian couple. Activities may cover history, culture, economy, specific vocations, community issues, tourism or sport.



Rotary Youth Exchange – Long-Term Exchange Program Pre-Application Information: Data Privacy Disclosures

BEFORE YOU BEGIN - Please Read:

By filling this application you will provide information that includes personal data. It is important to understand how personal data from this application will be processed, including how it may be used or shared, how it will be protected, how long it will be retained, and how it can be corrected or removed. Please read the Rotary Youth Exchange Application Privacy Statement. Before filling this application, if you have any questions or concerns, please consult your Sponsor District/Multidistrict instructions or use the provided contact information for any questions about this application.

Rotary Youth Exchange Application Privacy Statement (RIJYEM July 2023 version)

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. The personal data will be kept only for the period of the required by Japanese Law and will be destroyed as soon as it expires, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

Sponsor District/Multidistrict Application Privacy Statement - Above reference Privacy Statement translated to other official language (if applicable)

ロータリー青少年交換申請書 個人情報保護に関する方針 (RIJYEM2023 年 7 月版)

ロータリー青少年交換 長期交換プログラムに参加することが承認された場合、本申請書とそこに含まれる情報は、ロータリーの認定する派遣地区と受入地区の方針に従い、あなたの派遣クラブと派遣地区、交換を受け入れる受入地区とクラブを含む関連団体と共有されることになります。この情報は、ロータリーカウンセラーやホストファミリーの両親を含む、プログラム実施に関与する他の人々とも共有される場合があります。共有されるすべての個人情報は、適用されるすべての法律に従って扱われます。

あなたに提供された個人情報は、権限を与えられた青少年交換役員によってのみ扱われ安全に保護されます。この申請書の情報を共有する場合、適切かつ必要な部分のみが、受入高校、医療機関や歯科医、ロータリーカウンセラー、プログラムコーディネーター、ホストファミリーの両親に提供されます。

あなたが提供した個人情報は、交換プログラムの実施に必要な限りにおいてのみ保管されます。これには、データ保持要件の適用法への準拠、地区や地域の交換プログラムの報告書や統計の作成、認証監査の完了、プログラム評価のための交換後のフォローアップの連絡などの管理目的のために、交換終了後、日本の民法の生命身体侵害による不法行為、債務不履行の消滅時効期間経過まで保管され、あなたの個人情報は、法律と規制に従って、シュレッダーや電子データの消去を含む地区の方針または慣習に従って破棄されます。

学生は、本申請書の提出に使用したのと同じ連絡先を使用して、該当する派遣地区または受入地区の青少年交換委員長に連絡し、個人情報の修正または削除を要請することができます。

国際ロータリー(RI)は、米国イリノイ州エバンストンに本部を置き、ロータリークラブを加盟させる世界的な組織です。RI は、青少年交換プログラムへの参加基準を満たしたロータリー地区を認定しています。RI は、本申請書の写しを受け取ることはありません。

Read all directions on each page carefully **before** completing the application. Use the checklist on the last page to ensure that you have completed all sections and obtained all necessary signatures.

If you are accepted into the short term program this application will be sent to the hosting country and will serve as your introduction to the people who will organize your stay or host you.

Components of Your Application

- General Information: Pages 4 - 9 containing your Personal Information, Acceptance of the Rules and Conditions and the Guarantee Form;
- Supplementary Information: Pages A, B or C dependent upon the program in which you wish to participate;
- Copy of your passport or birth certificate.

Completing your Application

Your application *must* be legible. Typed or computer-generated applications are **strongly encouraged**.

Answer all questions completely and as asked (*do not* write “same,” “see above,” or “see page ”). Enter the information into the space provided unless directed otherwise. To avoid any chance of misinterpretation take care with your grammar and spelling.

Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate**. On pages that have a box in the upper right-hand corner marked “Applicant Name”, enter the preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

Printing Your Application and Signing the Forms

Submit four complete sets of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good quality photocopies. **On all copies the signatures must be ORIGINAL and in BLUE.** To achieve this:

1. Complete the application form but do not sign it.
2. Print four sets of the completed application (if using a typewriter or completing by hand, make three good-quality photocopies of the original).
3. Add your signature and those of your parents/legal guardians to all copies.

The photo of yourself on Page 3 may be digitally inserted or attached. If attached it must be an original photograph on all four sets, not a color photocopy. The photos that you submit for Supplementary Page A may also be digitally inserted but if attached must include at least one set of originals. The other three sets may be good-quality color photocopies.

Questions?

If you have any questions about completing this application, check with your local Rotary Club’s Youth Exchange officer. Once you’ve completed your application, return it to your local Rotary Club/District as instructed.

Data Protection

Your information will be shared with Rotary International, the Sending and Hosting Rotary Districts Youth Exchange Organizations’ and Clubs, your appointed counselor and host families. It will only be used for official RI business and not sold to or shared with other third parties, unless required by law to be released.

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, Rotarians’ spouses, partners, and other volunteers must safeguard the children and young people they come in contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006



Short-Term Exchange Program

Personal Information

Before you begin your application, please read all instructions on the prior pages.

Smile!

Provide a recent, good-quality color photo of yourself (head and shoulders). Make sure your entire head is fully visible. Do not include other people or props in the photo.

CLICK HERE TO INSERT!
digitally into the document.
Size: 2 x 2½ in. (5 x 6.5 cm)
(Works best with Acrobat Reader or with Adobe Acrobat)

1. Program Information

This application refers to the following Short Term Exchange Program (please tick the appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Family to Family Individual Exchange | <input type="checkbox"/> New Generations Individual Exchange |
| <input type="checkbox"/> Group Exchange / Tours | <input type="checkbox"/> New Generations Group Exchange |
| <input type="checkbox"/> Youth Camps | <input type="checkbox"/> Other |

2. Applicant Information

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>)			Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (<i>e.g., 23/April/2008</i>)	Citizen of (<i>Country</i>)		Place of Birth (<i>City, State/Province, Country</i>)		
Home Address – Street		Town/City	State/Province	Postal Code	Country
Postal Address (<i>if different</i>) - Street		Town/City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number		Mobile Phone Number	

3. Parent/Legal Guardian Information (*Preferred but not essential if applicant is over 18 years of age*)

Full Name of Father/Legal Guardian		Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of Rotary Club		
Address – Street		Town/City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number		Mobile Phone Number	
Occupation		Business Phone Number		Fax Phone Number	
Full Name of Mother/Legal Guardian		Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of Rotary Club		
Address – Street		Town/City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number		Mobile Phone Number	
Occupation		Business Phone Number		Fax Phone Number	
Parent/legal guardian to contact first in the event of an emergency (<i>specify "Father", "Mother", etc.</i>):					
<input type="checkbox"/> Check here if your parents are divorced or separated. <i>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 is required if signatures of two parents or legal guardians are not provided.</i>					

Applicant's Name	
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4. Personal Background

Religion	<i>Do you have any special requirements regarding religious observance? Please detail:-</i>
Dietary Restrictions	<i>(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...)</i>
Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Have you ever used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
<i>Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or host country.</i>	

5. Languages

Your Native Language		Proficiency in Non-Native Language(s) <i>(indicate Poor, Fair, Good, or Fluent)</i>		
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing

6. Health Declaration

Do you have any mental health/medical/dental conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been treated for mental health/medical conditions in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you taken any prescribed medications in the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any special health requirements (disabilities, allergies etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you have answered 'YES' to any of the above please explain fully in the space below providing as much information as possible, including the name of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.</p>		
<i>For more personal and background information please use the appropriate Supplementary Page.</i>		

7. Sending District and Club Contacts *(to be completed by Sending Rotary Club and District representatives)*

Sending District Number		Name of Sending District Youth Exchange Chair		E-mail Address		
Address – Street		Town/City		State/Province		Postal Code
		Business Phone Number		Mobile Phone Number		Fax Number
Sending Rotary Club		Name of Sending Club Youth Exchange Officer		E-mail Address		
Address – Street		Town/City		State/Province		Postal Code
Home Phone Number		Business Phone Number		Mobile Phone Number		Fax Number

Sponsor District _____

Short-Term Exchange Program ローター短期交換プログラム

Health and Dietary Information

この情報は受入国に送られあなたを紹介する書類となります。また、あなたの安全管理のために使われます。
These information will be sent to host country and used to protect you from health and Allergy problems .

氏名(漢字:Kanji)	氏名 : Name	
処方薬 /常用薬 medication 常用薬はありますか？ Will the applicant be bringing any prescribed medication on the exchange ?If yes, Please explain:		
<input type="checkbox"/> 常用薬 :medication :		
食事及びアレルギー情報 Information about Dietary and Allergy 該当の項目があればチェックしてください。 Does the applicant have any Dietary restriction or Allergies ?		
食事制限/ Dietary restriction <input type="checkbox"/> 宗教的理由 :religious reason <input type="checkbox"/> モスリム :Muslim <input type="checkbox"/> ヒンズー :Hindu <input type="checkbox"/> その他 :other <input type="checkbox"/> 完全菜食主義者 :Vegan <input type="checkbox"/> 菜食主義者 Vegetarian <input type="checkbox"/> 乳菜食者 :Lacto-Vegetarian <input type="checkbox"/> 卵菜食者 :Ovo-Vegetarian <input type="checkbox"/> 乳卵菜食者 :Lacto-Ovo-Vegetarian <input type="checkbox"/> その他食事制限 : Dietary restriction-other :	アレルギー/Allergy <input type="checkbox"/> 動物アレルギー: Animal allergy <input type="checkbox"/> 犬 :Dog <input type="checkbox"/> 猫 :Cat <input type="checkbox"/> 鳥 :Bird <input type="checkbox"/> 花粉症:Hay fever <input type="checkbox"/> ハウスダスト:House dust <input type="checkbox"/> 金属アレルギー: Metal Allergy <input type="checkbox"/> その他 :Allergies -other あれば記入ください。	食品アレルギー/Food Allergy <input type="checkbox"/> 食品アレルギー :Food Allergy <input type="checkbox"/> 卵 eggs <input type="checkbox"/> 牛乳 milk <input type="checkbox"/> 甲殻類 pawn/shrimp/crab <input type="checkbox"/> 小麦 wheat/ flour <input type="checkbox"/> 落花生 peanut <input type="checkbox"/> そば buckwheat <input type="checkbox"/> 食品その他 :Food/Other <input type="checkbox"/> その他 :Food Allergies- other あれば記入ください。
食事制限およびアレルギーがある場合説明ください。 If you have any Dietary restriction or Allergies etc , please explain:		
健康状態/その他情報 health information: 以下について申請者が診断を受けた、あるいは医師や他の専門家から治療、注意、助言を得たことがありますか。 Has the applicant ever been diagnosed with or received treatment,attention, or advice from a physician or other practitioner for: 該当の情報がある場合は該当チェックボックスにチェックしてください。		
<input type="checkbox"/> a, アレルギー :Allergies <input type="checkbox"/> b, 拒食症／過食症／摂食障害 :Eating disorder <input type="checkbox"/> c, 盲腸炎 :Appendicitis <input type="checkbox"/> d, 関節炎 :Arthritis <input type="checkbox"/> e, ぜんそく :Asthma <input type="checkbox"/> f, 注意欠陥障害(ADHD) : Attention deficit disorder <input type="checkbox"/> g, 腸の病気 :Bowel problems <input type="checkbox"/> h, 癌 :Cancer <input type="checkbox"/> i, 糖尿病 :Diabetes <input type="checkbox"/> j, てんかん／発作 :Epilepsy/seizures <input type="checkbox"/> k, 難聴 :Hearing loss <input type="checkbox"/> l, 心臓病 :Heart disease <input type="checkbox"/> m, ヘルニア :Hernia	<input type="checkbox"/> n, 肝疾患／肝炎 :Liver disease/hepatitis <input type="checkbox"/> o, マラリア :Malaria <input type="checkbox"/> p, 月経障害 :Menstrual disorders <input type="checkbox"/> q, 精神障害 :Mental disorders <input type="checkbox"/> r, 肺炎 :Pneumonia <input type="checkbox"/> s, リウマチ熱 :Rheumatic fever <input type="checkbox"/> t, 強度の頭痛／偏頭痛 :Serious headache/migraine <input type="checkbox"/> u, 胃潰瘍 :Stomach ulcer <input type="checkbox"/> v, 腸チフス :Typhoid fever <input type="checkbox"/> w, 尿路感染症 :Urinary tract infection <input type="checkbox"/> x, めまい :Vertigo/dizziness <input type="checkbox"/> y, メガネ／コンタクト :Visual correction <input type="checkbox"/> z, 視覚障害 :Visual problem - other	
該当する回答がある場合、下記に記入ください。 If you answered “Yes” for any parts of questions please explain:		

Health and Dietary Information (Appendix1) / 健康と食事に関する情報 付表1



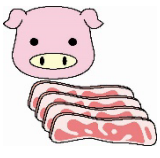
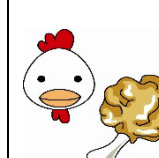

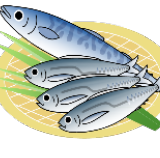
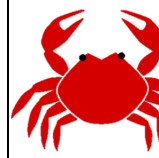

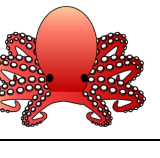
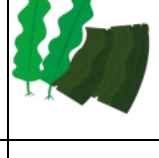

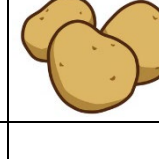


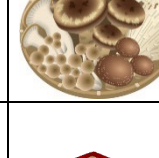

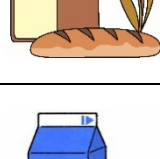

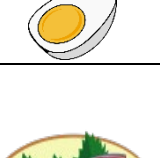

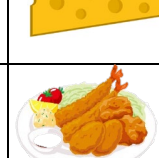
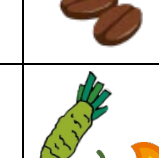
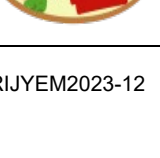

Use this pictures to explain about your Dietary.

It will help your host club and host family to protect your health and help your pleasant life through the trip.

この絵を使ってあなたの食事傾向について説明してください。

ホストクラブ、ホストファミリーがあなたの安全管理を行い、また、あなたについて知る手助けとなります。

×: アレルギー、宗教上の禁止《Allergy or Prohibited》 △: 食べられない《dislike》 ○: 好き、食べられる《like, Able to eat》

	Beef 牛肉		Pork 豚肉		Chicken とり肉		Lamb ラム (羊)
	Fish 魚		Shrimp エビ		Crab カニ		Shellfish 貝類
	Octopus タコ		Squid イカ		SeaWeed 昆布・海藻類		Fruits フルーツ
	Fresh Vegetables 生野菜		Root Vegetables 根菜類		Potato じゃがいも		Corn トウモロコシ
	Soy Bean 大豆		Peanuts ピーナッツ		Mashroom きのこ		Onion たまねぎ
	Walnuts くるみ		Wheat 小麦		Buckwheat そば		Gelatine ゼラチン
	Egg たまご		Milk 牛乳		Cheese チーズ		Coffee コーヒー
	Rawfish さしみ		Snacks お菓子類		Fried food 揚げ物		Spicy food 辛いもの

Short-Term Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange Program participant supported by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at your expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

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.
- 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/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 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, if applicable, 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.

Recommendations for a Successful Exchange

- 1) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
- 2) If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 3) Make an effort to learn the basics of the language of the host country.
- 4) Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved - do not wait to be asked.
- 5) Avoid serious romantic activity. Abstain from sexual activity.
- 6) 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 the costs you incur.
- 7) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 8) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

Applicant's Name	
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PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY

I, the applicant, do release from liability and grant permission as noted of the following while I am participating as a Rotary Youth Exchange program participant:

- In the event of accident or sickness, I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
- I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for any emergency situation.

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

PARENTAL PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY *(delete if Applicant is over 18)*

We, the parents/legal guardians of the applicant 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 sickness, we authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that 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.
- In the case of elective surgery, we request that we be notified and our permission obtained before such arrangements are made.

We 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.

APPLICANT'S DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT to the full extent permitted by law, hereby releases and agrees 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 I declare that:-

- I have read and understood the Program Rules and Conditions of Exchange and agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.
- I have read and understand the Statement of Conduct for Working with Youth. I understand that all Rotarians and host families are expected to have read and understood this statement. I understand that I will be provided with training and written material on whom to contact and procedures I must follow should I encounter any form of abuse or harassment.
- I am in good health and as a Rotary Youth Exchange participant understand the importance of the role of a youth ambassador and, should I be chosen to represent my sending Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the detail entered by me in this application and the attached documents are true and accurate to the best of my knowledge.

DECLARATION BY PARENTS/LEGAL GUARDIANS *(delete if Applicant is over 18)*

IN CONSIDERATION of the acceptance and participation of the applicant in this program, WE, 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 sending 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 parents or legal guardians of the applicant:

- We have read and understood the Program Rules and Conditions of Exchange and agree to abide by them.
- 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 agree that the Applicant may travel to the Host District

Signed (Applicant)	Signed (Father/Guardian)	Signed (Mother/Guardian)
Witness (Sending Rotary club representative)		Date (e.g., 01/Jan/2006)

Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

Name		Relationship			
Home Address – Street		Town/City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number		Mobile Phone Number	



Applicant's Name

Short-Term Exchange Program

Guarantee Form

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>)		Name You Wish to be Called	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (<i>City, State/Province, Country</i>)	Citizen of (<i>Country</i>)	Date of Birth (<i>e.g., 01/Jan/1999</i>)	

SENDING CLUB and DISTRICT 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. **delete if applicant over 18)*

Sending District No.	Sending Club Name	Sending Club ID No.
Name of District Youth Exchange Chair	Name of Club President	Name of Club Secretary / YEO
Signature of District Youth Exchange Chair	Signature of Club President	Signature of Club Secretary/YEO
Date (<i>e.g., 23/April/2008</i>)	Date (<i>e.g., 23/April/2008</i>)	Date (<i>e.g., 23/April/2008</i>)

HOST DISTRICT and CLUB GUARANTEE

The Rotary District, and Rotary Club where specified within this section, will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country	Host District No.	Host Club Name	Host Club ID No.
Name of District Youth Exchange Chair	Name of Host Club President	Name of Host Club Secretary / YEO	
E-mail Address of District Youth Exchange Chair	E-mail Address of Host Club President	E-mail Address of Host Club Secretary/YEO	
Signature of District Youth Exchange Chair	Signature of Host Club President	Signature of Host Club Secretary/YEO	
Date	Home Phone Number	Date	Home Phone Number

HOST DISTRICT or CLUB COUNSELOR (*Individual Exchanges only*)

Name		E-mail Address		
Address – Street		Town/City	State/Province	Postal Code
Home Phone Number		Business Phone Number	Mobile Phone Number	Fax Number

HOST FAMILY (*if applicable?*)

Name of Host Father	Host Father's E-mail Address	Business Phone	Mobile Phone
Name of Host Mother	Host Mother's E-mail Address	Business Phone	Mobile Phone
Host Family Home Address – Street	Town/City	State/Province	Postal Code
Home Phone Number	Names and Ages of any Other Adults in the Home		

Short-Term Exchange Program

Supplemental information about applicants for

Family to Family Exchange - (Individual or Group.) Letters and Photos

Applicant's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in brackets).

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your name on each. Attach your letter to this page. Maximum length: 3 pages.

1. Do you have Siblings? (*Describe gender, age, occupation etc.*)
2. What do you do in your free time?
3. What you do at your school? (*How many subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you wake-up and discuss only one typical day's schedule. Are you able to choose courses at your school? If so, which courses did you choose, and why?*)
4. What are your school interests and activities? What leadership positions have you held?
5. How would you describe your home? (*Do you have your own room, or 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 a bus, or walk to school?*)
6. What are the occupations of your mother and father? (*What product or service does each make or perform? What is her/his position or title?*)
7. How would you describe your community? (*Is it in or near a major city? What is the population? industry? economy?*)
8. What are your interests and accomplishments? (*Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?*)
9. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?
10. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
11. What do you feel are your strong, and weak, characteristics?
12. What are your plans and ambitions for your further education and career? Why?
13. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter (*required if applicant under 18*)

Write a letter to your son/daughter/ward's host club and families, incorporating your answers to the following questions in your letter.

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your son/daughter/ward's name on each. Attach your letter to this page. Maximum length: 2 pages.

1. How would you describe your son/daughter/ward's relationship with you, your family and with their friends?
2. How does he/she react to disagreement, discipline, and frustration?
3. How does he/she handle challenging or difficult situations?
4. What amount of independence do you give to him/her? What is his/her level of maturity?
5. What makes you proud of him/her?
6. Why do you want him/her to be an exchange student?
7. Are there any other comments you would like to share with the host families?

Supplementary Page A

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange - Short Term Exchange

Student's Letter

Excess entry will cause text to become smaller. **If text starts shrinking, please stop entry and continue on the next page.** (Clear text on next page first, then continue your letter.)

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange - Short Term Exchange

Parent's Letter

Excess entry will cause text to become smaller. **If text starts shrinking, please stop entry and continue on the next page.** (Clear text on next page first, then continue your letter.)

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange - Short Term Exchange

Student's Photos

Photos

Select a good quality color photograph for each topic below, and digitally insert each photo to this page. Include brief captions to describe the photos and remember you are leaving a FIRST IMPRESSION! (Digital insertion of photos works best with ADOBE ACROBAT or ADOBE READER)

MY FAMILY	MY SPECIAL INTEREST
<p>CLICK HERE TO INSERT</p> <p><i>Photo that includes members of your immediate family</i></p> <p><i>In the box beneath the photo, please enter a description that clearly identifies each person</i></p>	<p>CLICK HERE TO INSERT</p> <p><i>Photo of you participating in your favorite hobby or activity</i></p> <p><i>In the space beneath the photo, please describe your interest and how long you have participated.</i></p>
SOMETHING IMPORTANT TO ME	MY HOME
<p>CLICK HERE TO INSERT</p> <p><i>Photo of your friends, pet, musical instrument, etc.</i></p> <p><i>In the space beneath the photo, please describe what is shown and how or why it is important to you.</i></p>	<p>CLICK HERE TO INSERT</p> <p><i>Photo of your house or building where you live</i></p> <p><i>In the space beneath the photo, please describe your home, where it is located and how long you have lived there.</i></p>

Short-Term Exchange Program

Supplemental information about applicants for Youth Camps and Tours

Applicant's Personal Background

Please answer the following questions:-

What are your free time activities?
What are your school, college or university education attainments and vocation?
What are your special interests and accomplishments?
Do you have special skills?
Could you contribute to entertainment (e.g. play musical instrument etc.)?
What is the reason for your programme participation (e.g. choice of specific youth camp)?
Other personal remarks.



Applicant's Name

Short-Term Exchange Program

Supplemental information about applicants for

New Generations Exchange – (Individual or Group)

Applicant's Personal Background

Please answer the following questions:-

What are your free time activities?
What are your school, college or university educational attainments or vocation?
What are your special interests and accomplishments?
Do you have special skills?
Could you contribute to entertainment? (e.g. play musical instrument etc.)
What is the reason for your programme participation?
Do you wish to exchange to a particular country? (Please state which country and whether you have any knowledge of it, have visited it before and the reason for your specific interest)
What are your future plans and goals?
Other personal remarks.

Supplementary Page C



Rotary Youth Exchange - Short Term Exchange

Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must meet RYE Sponsor District signature requirements; all photographs must be inserted digitally and be of good quality. Submit the proper number of complete sets, as directed by your sponsor Rotary Club or District.

Page	Applicant Component	<input type="checkbox"/>
4-5	Personal Information	<input type="checkbox"/>
6	Health and Dietary Information	<input type="checkbox"/>
7	Health and Dietary Information Appendix 1	<input type="checkbox"/>
8-9	Rules and Conditions of Exchange, Permissions and Declarations	<input type="checkbox"/>
10	Guarantee Form	<input type="checkbox"/>
11-13	Family to Family Exchange Supplementary Page A Letters and Photos	<input type="checkbox"/>
14	Family to Family Exchange Supplementary Page A Photos	<input type="checkbox"/>
15	Youth Camps and Tours Supplementary Page B	<input type="checkbox"/>
16	New Generations Exchange Supplementary Page C	<input type="checkbox"/>
	Copy of passport	<input type="checkbox"/>
Additional Forms Required by Sponsor District (if any)		
		<input type="checkbox"/>
		<input type="checkbox"/>

Final Instructions: When you have completed entry of the required fields in the application form, you are ready to print the document. Remember to print the proper number of copies, as directed by your sponsor Rotary Club/District. Then, you can obtain additional information and signatures where required, and use the checklist above to make sure everything is complete.

Paper copies: Assemble your application complete collated sets (excluding Copy of passport). Include this checklist. Please do not staple or bind your application or any part of it; use paper clips or clamps instead. Submit the number of paper application originals specified by your local sponsor Rotary Club or District.

Electronic copy: Your RYE Sponsor District may require an electronic copy of this application instead of paper (or possibly both). If so, this may or may not include the use of electronic signatures. You will receive separate instructions from your sponsor district for preparation and electronic submission of this application, if required.

Good luck!