

# The Rotary Foundation Group Study Exchange Team Member Application

Before completing this application, please read the *Group Study Exchange Brochure* (160-EN). This publication offers a general overview and the mission statement of the Group Study Exchange program. Candidates should be fully aware of the program's eligibility criteria and objectives before applying.

Please print or type. Do not use initials.

N	lame	in	full	(;	as:	it	ap	p	ears	on	y	our	pass	por	t)	
---	------	----	------	----	-----	----	----	---	------	----	---	-----	------	-----	----	--

□ <b>r</b> 1.			DLE			LAJI	(FAMILY)
$\square$ Female	Date of Birth	DAY			_		
ddross		DAY	MONTH	YEAR			
NUMBER	AND STREET						
					STATE/PROVINCE		
1					COUNTRY		
HONE					OFFICE TELEPHONE		
					E-MAIL		
f Citizenship -					Country of Birth		
ponsor Rotary	club						
nomy in case o	nemergency	LATIONS	SHIP				
					TELEPHONE		
					E-MAIL		
atus		(for	host distri	ct use)			
How many	Names an	ıd ages	s				
•							
MENT RECO	ORD: List curr	ent ei	mployme	ent fir	st (must be full-tir	ne)	
		_ 2.				3.	
ID ADDRESS OF EM	PLOYER		NAME AND A	DDRESS (	OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER
		_					
		_					
		_					
F EMPLOYMENT		_	PERIOD OF EN	MPLOYME	NT		PERIOD OF EMPLOYMENT
TIES AND RESPON	SIBILITIES	_	TITLE/DUTIES	S AND RE	SPONSIBILITIES		TITLE/DUTIES AND RESPONSIBILITIES
		_					
	HONE  f Citizenship - ponsor Rotary notify in case of  atus  How many  MENT RECO  D ADDRESS OF EM	f Citizenship  ponsor Rotary club  notify in case of emergency  atus  How many Names ar  MENT RECORD: List curr	f Citizenship	f Citizenship	f Citizenship	COUNTRY  HONE  OFFICE TELEPHONE  E-MAIL  f Citizenship  Country of Birth  ponsor Rotary club  notify in case of emergency  RELATIONSHIP  TELEPHONE  E-MAIL  (for host district use)  How many  Names and ages  MENT RECORD: List current employment first (must be full-ting and address of employer)  DADDRESS OF EMPLOYER  FEMPLOYMENT  PERIOD OF EMPLOYMENT	COUNTRY  HONE  COUNTRY  FEMAIL  Country of Birth  Ponsor Rotary club  TELEPHONE  TELEPHONE  E-MAIL  TELEPHONE  TELEPHONE  TELEPHONE  TELEPHONE  Atus  (for host district use)  MENT RECORD: List current employment first (must be full-time)  TO ADDRESS OF EMPLOYER  TELEPHONE  ANAME AND ADDRESS OF EMPLOYER  TELEPHONE  TELEPHONE  ANAME AND ADDRESS OF EMPLOYER  TELEPHONE  TELEP

#### TEAM MEMBER APPLICANT'S CERTIFICATION

To be a candidate for a Group Study Exchange (GSE) team, you must currently be employed full-time in any recognized business or profession and must have worked in your vocational field for at least two years by the time of application. You must also remain in the workforce for a considerable amount of time after the exchange, so that the travel experience will have a significant impact on your professional career. You must be between the ages of 25 and 40 at the time of application and a citizen of the country in which you reside. You must either be employed or reside in the sending district.

If I am selected to be a member of the district GSE team, I agree to the following Conditions of Award. I will:

## **Predeparture**

- Obtain and pay for insurance valid and payable in the country(ies) visited. The insurance coverage must extend from the time the team departs for the host district through the time it returns home. Foundation regulations require a minimum of: US\$50,000 for medical care and/or hospitalization resulting from injury or accident; \$10,000 for emergency medical evacuation; \$10,000 for accidental death or dismemberment; and \$7,500 for repatriation of remains. Please note that higher amounts are recommended, as well as insurance coverage for luggage and personal items.
- Complete, sign, and return to the district GSE chair the official CERTIFICATION OF INSURANCE COVERAGE (included
  in the *Group Study Exchange Team Handbook* [164-EN]), noting the name of the insurance company and the comprehensive
  dates for which the insurance coverage is valid. The insured should read and thoroughly understand insurance policies
  of this type, especially regarding any exclusions that may exist (e.g., most insurance policies will not cover death or injury
  occurring in a privately owned aircraft).
- Have a medical examination and submit to the district GSE chair the official MEDICAL CERTIFICATE (included in the *Group Study Exchange Team Handbook* [164-EN]), completed and signed by the examining physician(s).
- Actively participate in a language and cultural training program if language differences exist between the paired districts.
- Participate in a 12-hour orientation.

## **During exchange**

- Accept the decisions of the team leader at all times.
- Remain with the group throughout the study program, except during those periods when individual activities are specifically provided, unless excused by the team leader. Inform the team leader of my whereabouts at all times.
- Maintain standards of behavior and deportment during my travels with the study team that will reflect credit on Rotary, my
  district, and my country.
- Have sufficient funds to meet my personal and incidental expenses while abroad.

### Post-exchange

- Participate in a post-exchange debriefing.
- Within two months of my return home, submit a GSE Final Report (included in the *Group Study Exchange Team Handbook* [164-EN]) of my study tour experiences and a copy of the GSE Evaluation Form to the GSE chair.
- Consider Rotary or Rotaract membership, if invited.
- Take every opportunity after my return home to share what I have learned through informal contacts and by addressing Rotary clubs and other appropriate organizations.

I hereby release and discharge Rotary International and The Rotary Foundation of Rotary International, and their respective successors, officers, directors, agents, and employees from any and all claims, damages, liabilities, or expenses which I or my successors, dependents, beneficiaries, heirs, executors, administrators, or assigns may or hereafter have against any or all of such parties on account of or in connection with The Rotary Foundation Group Study Exchange or my participation therein. I agree that I shall indemnify and hold harmless Rotary International and The Rotary Foundation of Rotary International and their respective successors, officers, directors, agents, and employees, against any and all claims, damages, liabilities, or expenses which any such party may incur on account of or in connection with my participation in The Rotary Foundation Group Study Exchange. The foregoing release and indemnity shall continue to apply to each officer, director, agent, or employee even though such individuals may cease to serve in such capacities and shall inure to the benefit of the legal representatives, successors, and assigns of such individuals. The foregoing release and indemnity shall not apply to the cost of my transportation to and from the receiving district. I agree that I will abide by all Foundation decisions related to travel safety. If the Foundation determines, in its sole discretion, at any point in the Group Study Exchange (GSE) process that my safety as a GSE participant in the host country is or could be at risk, the Foundation may require that the GSE itinerary be modified, cancelled, or indefinitely postponed. If already in the host country, my GSE team may be asked to return home immediately. In such instances, I agree to abide by the Foundation's decision as to what, if any, alternatives are available to GSE teams whose trips have been modified, cancelled, or postponed due to safety concerns.

I freely accept the conditions outlined above, understanding that:

- I will reimburse The Rotary Foundation the cost of round-trip airfare if my standard of behavior warrants dismissal from the team.
- The GSE subcommittee or selection committee has the final authority to select team members. Team members or alternates
  may be disqualified at any time, if deemed appropriate.

- The award from The Rotary Foundation provides only for payment of transportation at a rate not to exceed round-trip economy airfare from point of departure in the sending district to point of entry in the receiving district. Accommodations and travel in the district will be provided by local Rotarians during the study tour.
- I certify that I am not: 1) a Rotarian; 2) an employee of a club, district or other Rotary entity, or of Rotary International; 3) the spouse, a lineal descendant (child or grandchild by blood and any legally adopted child), the spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any person in the foregoing two categories, or the spouse of another team member on the same team.
- To promote understanding and goodwill, when appearing in my own country as a member of a Rotary Foundation GSE team, I will recognize the right of each person to his/her own opinions and will therefore be cautious about expressing my own personal opinions concerning any controversial, political, racial, or religious issue.
- The Rotary Foundation will share my name and contact details with other GSE teams and Foundation alumni groups upon request. The Foundation also may use information and photos from my final report for publicity purposes, unless I send a letter to the Foundation indicating that I do not give it such authorization.

### **TEAM MEMBER'S ESSAY OF INTENT**

A unique feature of the GSE program is to provide outstanding business and professional people opportunities for studying their profession in another country. Eligibility as a team member requires that you intend to remain in the workforce for a considerable time in the foreseeable future so that the exchange experience can impact your long-term career path. Please tell us what you hope to gain professionally by participation in the program and how you intend to use the GSE experience to enhance your long-term career path. Please attach your response on an additional page.

## **VOCATIONAL CLASSIFICATIONS**

☐ Specialist

Please check the vocational classification below that is closest to your current profession.								
Management/Administration	Public Service	Legal	Education					
□ Executive	☐ Police Officer	□ Attorney	☐ University Professor					
□ Director	☐ Probation Officer	□Judge	☐ Lecturer					
□ Manager	☐ Firefighter	□Clerk	☐ Secondary Teacher					
□Supervisor	☐ Postal Worker	□ Paralegal	☐ Elementary Teacher					
☐ Office Manager	☐ Public Information Officer	_	☐ Kindergarten Teacher					
☐ Coordinator	☐ Social Worker	Advertising/Marketing/	☐ Day Care					
☐ Customer Service	☐ Crime Victims Advocate	Public Relations/Sales	☐ Counselor					
Representative	☐ Military	☐ Representative	☐ Language Instructor					
□ Secretary	□Government	☐ Administrator	□ Administrator					
☐ Administrator		☐ Graphic Artist	☐ Researcher					
□Adviser	Engineering/Science	☐ Product Specialist						
☐ Trainer	☐ Construction Engineer	☐Salesperson	Media/The Arts					
☐ Minister/Priest	☐ Civil Engineer		☐ Journalist					
	☐ Electrical Engineer	Finance	☐ Editor					
Medical/Health	☐ Mechanical Engineer	$\square$ Banker	☐ Publisher					
☐ Physician	☐ Computer Engineer	$\square$ Analyst	☐ Media Announcer					
☐ Dentist	☐ Environmental Engineer	□Auditor	☐ Media Reporter					
☐ Pharmacist	☐ Architect	☐ Cashier	☐ Musician					
□Nurse	□ Builder		□Artist					
☐ Therapist	☐ Scientist	Self-Employed	☐ Craftsman					
☐ Veterinarian	☐ Computer Programmer	☐ Consultant						
☐ Hygienist	☐ Software Developer	Owner/Proprietor						
☐ Occupational Health	□ Pilot	☐ Farmer						
& Safety Officer	□Navigator							
☐ Administrator								
☐ Paramedic								

TEAM MEMBER APPLICANT'S EDUCATIONAL I	DATA (ACADEMIC, T	ECHNICAL, PROFESSIONAL)	
1. NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREES OBTAINED AND DATES RECEIVED	
2			
2. NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREES OBTAINED AND DATES RECEIVED	
3. NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREES OBTAINED AND DATES RECEIVED	
Languages: List languages (other than your own) in wh	ich you are proficient in	reading, writing, and speaking:	
Indicate special recognition you have received, includi articles, pamphlets, or books that you have published.		s, awards, and prizes. <b>List, but do</b>	not attach,
List educational, fraternal, civic, professional, and other cheld, if any:	organizations of which y	ou are, or have been, a member. Ind	licate offices
USE ADDITIONAL SHEETS IF NECESSARY			
ROTARY CLUB ENDORSEMENT			
After consideration of applicants, the Rotary Cl	ub of		
proposes		for membership on the district (	Group Study
Exchange team and forwards his/her application for co	nsideration by the distri	ct Group Study Exchange subcomr	nittee.
NAME OF CLUB PRESIDENT (PLEASE PRINT)	SIGNATURE OF CLUB	PRESIDENT (MANDATORY)	DATE
DISTRICT ENDORSEMENT			
District			
	has been selec	red to be a member of our district's (	Group Study
Exchange team. The Group Study Exchange selection co			
NAME OF DISTRICT ROTARY FOUNDATION CHAIR (PLEASE PRINT)	SIGNATURE OF DISTRI	CT ROTARY FOUNDATION CHAIR (MANDATOR	Y) DATE
NAME OF GSE CHAIR (PLEASE PRINT)	SIGNATURE OF GSE C	HAIR (MANDATORY)	DATE
NAME OF DISTRICT GOVERNOR (PLEASE PRINT)	SIGNATURE OF DISTR	ICT GOVERNOR (MANDATORY)	DATE

The district GSE chair should fax or mail this completed application along with all team member applications and insurance and medical certificates to The Rotary Foundation, Group Study Exchange Department, One Rotary Center, 1560 Sherman Avenue, Evanston, IL 60201-3698 USA. Fax: (847) 866-0934.



The Rotary Foundation of Rotary International 1560 Sherman Avenue Evanston, IL 60201-3698 USA Telephone: (847) 866-3000 Fax: (847) 866-0934 www.rotary.org