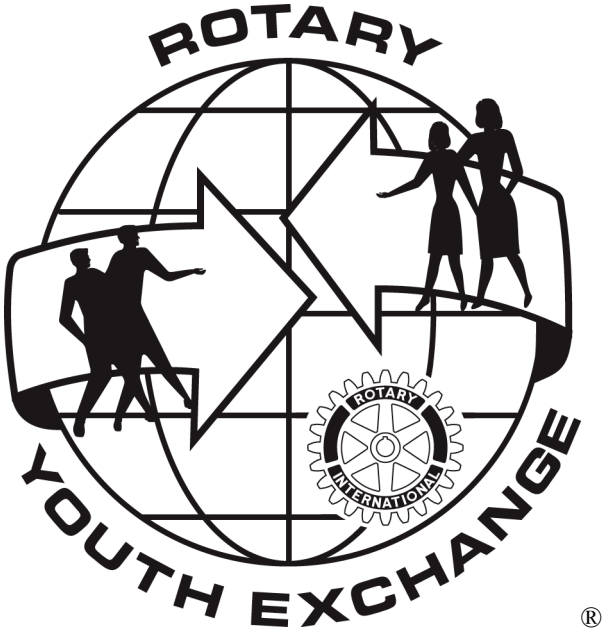
Rotary Youth Exchange
Short-Term Program Application



Submit completed application to:

Camden Rotary Club OR
Peter Lindquist
D7790 Short-Term Youth Exchange Chair
linklind25@gmail.com
207.446.1751

Instructions for Rotary Youth Exchange Program Application

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

If you are accepted as an exchange student, this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you.

Components of Your Application

Your application consists of:

- All forms in this application
- Copy of your passport or birth certificate
- Copy of your school transcript

Filling Out Your Application

Your application *must* be legible. Typed or computer-generated applications are strongly preferred. Answer all questions completely and as asked (*do not* write "same," "see above," or "see page __"). Enter your information directly onto the application unless directed otherwise. Make sure to use correct 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 your preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

Making Photocopies and Signing Forms

You will need to submit four complete sets **(your original plus three photocopies)** of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good-quality photocopies**. All signatures on all sets must be signed in BLUE ink.** To accomplish this:

1. Complete the application form. Do not sign it.
2. Make three good-quality photocopies of the completed application.
3. Sign all four sets yourself, then have your parents/legal guardians sign all sets.
4. Medical and dental forms: Ask your physician and dentist to make three copies of the completed medical/dental form *before* signing it and then to sign each copy in blue ink. (It's a good idea to include a blue pen when you give them the form.)

All attached photographs must be **originals** or **good-quality color copies.**

Questions?

If you have any questions about completing this application, check with your school counselor or your local Rotary club's Youth Exchange officer. Once you've completed your application, return it to your local Rotary club/district as they've instructed.

District 7790 **:** Attach any additional instructions. If none, please check here: ☐

Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by the Rotary International Board of Directors, November 2002

District 7790

Short-Term Exchange Program

Personal Information

Before you begin your application, please read all instructions on the opposite page.

Smile!

Attach a recent, good-quality color photo of yourself (head and shoulders).
Original photos or color copies must accompany all four sets of the application.
Size: 2 x 2½ in. (5 x 6.5 cm)

1. Applicant Information

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)	**Preferred Name**	**Gender**
		☐ Male ☐ Female

Home Address — Street			
City	**State/Province**	**Postal Code**	**Country**
Postal Address *(if different)* — **Street**			
City	**State/Province**	**Postal Code**	**Country**
Home Phone	**Mobile Phone**	**E-mail**	

Date of Birth (e.g., 01/Jan/1999)	**Place of Birth** (City, State/Province, Country)	**Citizen of** (Country)

2. Parent/Legal Guardian Information

Full Name of Father/Legal Guardian				**Full Name of Mother/Legal Guardian**			
Address — Street				**Address — Street**			
City	**State/Prov.**	**Postal Code**	**Country**	**City**	**State/Prov.**	**Postal Code**	**Country**
E-mail				**E-mail**			
Home Phone		**Mobile Phone**		**Home Phone**		**Mobile Phone**	
Occupation				**Occupation**			
Business Phone		**Fax**		**Business Phone**		**Fax**	
Rotarian? ☐ Yes ☐ No If yes, name of Rotary club: _____				**Rotarian?** ☐ Yes ☐ No If yes, name of Rotary club: _____			

☐ **Check here if your parents are divorced or separated.** Authorizations should be obtained from **all** parents/legal guardians and others who have legal rights to decisions affecting the student's participation.

Parent/legal guardian to contact first in the event of an emergency:

3. Siblings (add pages as necessary)

Name	**Gender**	**Age**	**Occupation**	**Living at Home**
	☐ M ☐ F			☐ Yes ☐ No
	☐ M ☐ F			☐ Yes ☐ No
	☐ M ☐ F			☐ Yes ☐ No

Applicant Name	

4. Personal Background

a. Do you have any dietary restrictions?	☐ Yes	☐ No	**If yes, please explain (e.g., vegetarian, food allergies):**
b. Do you smoke?	☐ Yes	☐ No	**If yes for 4b, 4c, or 4d, please explain:**
c. Do you drink alcohol?	☐ Yes	☐ No	
d. Have you ever been involved with illegal drugs?	☐ Yes	☐ No	

Answering yes will not automatically eliminate you as a candidate; however, it may require special consideration if assigned to a host family.

5. Secondary School Information

Name of Secondary School you currently attend			*Attach a transcript of secondary school courses you have completed and the grades you received in the last completed year of school. The transcript must be in English.*
Address — Street			
City	**State/Province**	**Postal Code**	**Country**
Phone	**Fax**	**E-mail**	
Number of grades/levels at your school	**Year you will finish secondary school**	**Years of school attended**	

6. Languages

Native Language:				
		Proficiency (indicate Poor, Fair, Good, or Fluent)		
Non-native Language(s)	**Years Studied**	**Speaking**	**Reading**	**Writing**

7. Sponsor District and Club Contacts

Name of Sponsor District Youth Exchange Chair				**Name of Sponsor Club Youth Exchange Officer**			
Address — Street				**Address — Street**			
City	**State/Province**	**Postal Code**	**Country**	**City**	**State/Province**	**Postal Code**	**Country**
Home Phone	**Mobile Phone**			**Home Phone**	**Mobile Phone**		
Business Phone	**Fax**			**Business Phone**	**Fax**		
E-mail				**E-mail**			

District 7790

Applicant Name	

Short-Term Exchange Program

Letters and Photos

Student's Letter

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

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. What do you do when you have free time?
2. 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?
3. What are your school interests and activities? What leadership positions have you held?
4. 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?)*
5. 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?)*
6. How would you describe your community? *(Is it in or near a major city? What is the population? industry? economy?)*
7. 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?)*
8. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?
9. What things do you dislike? *(Do you dislike certain foods, animals, treatment by other people, etc.?)*
10. What do you feel are your strong, and weak, characteristics?
11. What are your plans and ambitions for your education and career? Why?
12. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter

Write a letter to your child's host club and, if applicable, families, incorporating your answers to the following questions.

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

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

Applicant Name	

Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, if necessary.

MY FAMILY	MY SPECIAL INTEREST
Photo that includes members of your immediate family	*Photo of you participating in your favorite hobby or activity*
SOMETHING IMPORTANT TO ME	**MY HOME**
Photo of your friends, pet, musical instrument, etc.	*Photo of your house or building where you live*

District 7790

Applicant Name	

Short-Term Exchange Program

Medical History and Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial for placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

*Please type or print clearly. Please submit four copies of the form, with original signatures in **blue** ink on each copy.*

Applicant's Full Legal Name	Gender	Date of Birth (e.g., 01/Jan/1999)
	☐ Male ☐ Female	

Address — Street			
City	**State/Province**	**Postal Code**	**Country**
Home Phone	**Mobile Phone**	**E-mail**	

Medical History

1. How long has the applicant been the patient of the physician?	

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

	Yes	No		Yes	No
a. Allergies	☐	☐	n. Liver disease/hepatitis	☐	☐
b. Anorexia/bulimia/other eating disorder	☐	☐	o. Menstrual disorders	☐	☐
c. Appendicitis	☐	☐	p. Mental disorders	☐	☐
d. Arthritis	☐	☐	q. Pneumonia	☐	☐
e. Asthma	☐	☐	r. Rheumatic fever	☐	☐
f. Bowel problems	☐	☐	s. Serious headache/migraine	☐	☐
g. Cancer	☐	☐	t. Stomach ulcer	☐	☐
h. Diabetes	☐	☐	u. Typhoid fever	☐	☐
i. Epilepsy/seizures	☐	☐	v. Urinary tract infection	☐	☐
j. Hearing loss	☐	☐	w. Vertigo/dizziness	☐	☐
k. Heart disease	☐	☐	x. Visual problems	☐	☐
l. Hernia	☐	☐	y. Eyeglasses/contact lenses	☐	☐
m. Malaria	☐	☐			

3. Has the applicant:

	Yes	No
a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2?	☐	☐
b. Taken any prescribed medication in the past six months?	☐	☐
c. Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?	☐	☐
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	☐	☐
e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?	☐	☐
f. Had excessive weight gain or loss recently?	☐	☐
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	☐	☐
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	☐	☐
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	☐	☐
j. Suffered weakness of neurological or muscular skeletal system?	☐	☐
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	☐	☐

If yes for any parts of questions 2 and 3, please explain:

Question (e.g., 2e)	Nature and severity of disorder, diagnosis, frequency of attacks, and treatment	Dates and duration

Applicant Name	

4. Will the applicant be bringing any prescribed medication on the exchange? ☐ **Yes** ☐ **No**

If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency, and reason for use:

Prescribed Medication	**Dose/Frequency**	**Reason for Use**

5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not):

Measles (rubeola)		Mumps		Hepatitis		Whooping cough (pertussis)	
Rubella (German measles)		Chicken pox		Scarlet fever		Other:	

6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received):

Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.

Immunization	**Number of Doses**	**Dates** (e.g., 01/Jan/2006)	**Immunization**	**Number of Doses**	**Dates** (e.g., 01/Jan/2006)
Diphtheria			Measles (rubeola)		
Whooping cough (pertussis)			Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)		
Tetanus			Hepatitis B		
Rubella (German measles)			Other (specify) _____		
Mumps					

Additional comments:

7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.

Date of screening (e.g., 01/Jan/2006) _____ Result/diagnosis: _____ . If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results:

Physical Examination

Height:	Weight:	Blood Pressure: Sys. Dia.	Pulse rate/minute:

8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck	☐	☐	Heart (murmur, pressure)	☐	☐	Extremities (muscular)	☐	☐	Abdomen (mass)	☐	☐
Ear, nose, throat	☐	☐	Hernias	☐	☐	Skeletal system	☐	☐	Rectal	☐	☐
Chest/lungs	☐	☐	Lymph nodes/breasts	☐	☐	Neurological	☐	☐	Skin	☐	☐
			Genitalia	☐	☐						

If yes, please provide detailed information on a separate page *(typed or computer-generated with the applicant's full legal name and date of birth at the top of each page)*.

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if no pages are attached, please check here: ☐).

I find the applicant:

☐ In good health and not suffering from any mental or medical condition(s) that would preclude participation in the program

☐ Suffering from mental or medical condition(s) as noted in my report

I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice. ☐ Yes ☐ No

Physician's Name (type or print)	**Signature** (in blue ink)	**Date** (e.g., 01/Jan/2006)

Physician's address, phone, and fax (type or stamp)

District 7790

Applicant Name	

Short-Term Exchange Program

Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

*Please type or print clearly. Please submit four copies of form, with original signatures in **blue** ink on each copy.*

Applicant's Full Legal Name		**Gender**	**Date of Birth** (e.g., 01/Jan/1999)
		☐ Male ☐ Female	
Address — Street			
City	**State/Province**	**Postal Code**	**Country**
Home Phone	**Mobile Phone**	**E-mail**	

Dental Examination

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, please explain below (use reverse if needed):

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if no pages are attached, please check here: ☐)

Dentist's Name (type or print)	**Signature** (in blue ink)	**Date** (e.g., 01/Jan/2006)

Dentist's address, phone, and fax (type or stamp)

Applicant Name	

Dental Care Provider: Please use this page for additional comments.

District 7790

Applicant Name	

Short-Term Exchange Program

Guarantee Form

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)				Gender
				☐ M ☐ F
Home Address — Street	**City**	**State/Prov.**	**Postal Code**	**Country**
Postal Address *(if different)* — **Street**	**City**	**State/Prov.**	**Postal Code**	**Country**

Home Phone	Mobile Phone	E-mail

Date of Birth (e.g., 01/Jan/1999)	Place of Birth (City, State/Province, Country)	Citizen of (Country)

Sponsor Rotary District	Host Rotary District	Host Country	Arrival Airport in Host Country

(A) APPLICANT GUARANTEE I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sending and host districts and clubs; and (4) not request permission to stay in my host country, and return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above named applicant, agree to do 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; and (6) abide by program rules.

The Undersigned **APPLICANT** and **PARENTS/GUARDIANS** hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district.

Signed (Applicant)	Date (e.g., 01/Jan/2006)

Signed (Father/Guardian)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
Signed (Mother/Guardian)	**Date** (e.g., 01/Jan/2006)	**Home Phone**	**E-mail**
Witness (Sponsor Rotary club representative)	**Date** (e.g., 01/Jan/2006)	**Home Phone**	**E-mail**

ALTERNATE EMERGENCY CONTACT

Name		Relationship	
Address — Street			
City	**State/Prov.**	**Postal Code**	**Country**
Home Phone	**Business Phone**	**Mobile Phone**	**E-mail**

(C) SENDING CLUB AND DISTRICT ENDORSEMENT

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 qualified for Rotary Youth Exchange and recommend to host clubs the acceptance of this student. District _____ agrees to provide adequate orientation to the student and parents before the student's departure.

Name of Club	Club ID #	District #
Club President Name	**Signature**	
Date (e.g., 01/Jan/2006)	**Home Phone**	**E-mail**

Club Secretary ☐ / YEO ☐ Name	Signature	District Chair Name	Signature

Date (e.g., 01/Jan/2006)	Home Phone	E-mail	Date (e.g., 01/Jan/2006)	Home Phone	E-mail

Applicant Name	

(D) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club of _____

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. District _____ agrees to ensure adequate training for host parents, if applicable, and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Name of Club	Club ID #	District #

Club President Name	Signature
Date (e.g., 01/Jan/2006)	**Home Phone**
E-mail	

Club Secretary ☐ / YEO ☐ Name	Signature	District Chair Name	Signature
Date (e.g., 01/Jan/2006)	**Home Phone**	**Date** (e.g., 01/Jan/2006)	**Home Phone**
E-mail		**E-mail**	

(E) HOST CLUB COUNSELOR *(required)*

Name	Address — Street		
City	**State/Province**	**Postal Code**	**Country**
Home Phone	**Mobile Phone**	**Fax**	**E-mail**

(F) HOST FAMILY *(if applicable)*

Name of Host Father	Name of Host Mother	Name(s) and Ages of Other Adult(s) in Home	
Address — Street			
City	**State/Province**	**Postal Code**	**Country**
Home Phone	**Mobile Phone**	**Fax**	**E-mail**

Student: Please submit this form with the rest of the completed application to your local Rotary club or district.
Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

Rotary district/clubs: Please mail completed Guarantee Form to the address below.

Youth Exchange
Rotary International
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA

District 7790

Applicant Name	

Short-Term Exchange Program

Rules and Conditions of Exchange

As a Youth Exchange student sponsored by a Rotary club 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 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 are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
3) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If you are staying with a host family and are offered an alcoholic drink, it is permissible to accept it under their supervision in the home.
4) You may not operate a motorized vehicle or participate in driver education programs.
5) You will be under the host district's authority while you are an exchange student 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.
6) If your program includes schooling, you must attend regularly and make an honest attempt to succeed.
7) You must have travel insurance that provides medical and dental coverage for accidental injury and illness, 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 in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
8) You should 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 your parents or legal guardians at the end of your exchange.
9) 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 and your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
10) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
11) 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.
12) 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.
13) 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 host club's and district's consent and within their guidelines.
14) Talk with your host club 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. Your acceptance and placement is based on your signed statement. Under no circumstances are you to smoke in any bedrooms.
2) Body piercing or obtaining a tattoo while on your exchange is not allowed, for health reasons.
3) 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 student of your age or for children in the family.
4) Learn the language of your host country. Teachers, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
5) 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. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
6) Avoid serious romantic activity. Abstain from sexual activity.
7) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
8) 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.
9) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
10) 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 Name	

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I 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.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

I attest that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, 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 sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Medical Information 1-4,' acquired in the course of the examinations by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

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

We agree to hold harmless Rotary International, any Rotary district, Rotary 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 (print name)	**Signature**
Mother/Legal Guardian (print name)	**Signature**
Father/Legal Guardian (print name)	**Signature**
Witnessed in the presence of Sponsor Club Representative (print name)	**Signature**

Dated this _____ Day of _____ Month, _____ Year.

Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by the Rotary International Board of Directors, November 2002

District 7790

Applicant Name	

Short-Term Exchange Program

Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must have original signatures signed in BLUE ink; all photographs must be originals or good-quality color photocopies.

	Set 1	Set 2	Set 3	Set 4
Personal Information pages **completed** with **photo attached**	☐	☐	☐	☐
Letters **completed** and *Photos* (4) **attached**	☐	☐	☐	☐
Medical History and Examination **completed** and **signed** by physician	☐	☐	☐	☐
Dental Examination **completed** and **signed** by dentist	☐	☐	☐	☐
Guarantee Form **signed** by student and parents/legal guardians	☐	☐	☐	☐
Declaration and Permission for Medical Care and Release of *Medical Records and Liability* **signed** by student and parents/guardians	☐	☐	☐	☐
Copy of school transcript	☐	☐	☐	☐
Copy of **passport/birth certificate**	☐	☐	☐	☐

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