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

Form developed by Europe, Eastern Mediterranean and Africa (EEMA) Youth Exchange Conference and promoted by Rotary International



Rotary District Short Term Exchange Program

Submit completed application to:

The District/ Club Youth Exchange Officer should complete the adjacent box and add their District Number in the space above before passing on to the student for completion.

General Information and Instructions

This form is designed to be fillable and saveable using Adobe Reader. It may not retain these attributes if using another pdf program. Adobe Reader is available as a free download from <http://get.adobe.com/reader>

Types of Short Term Exchange Programs

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

General Application Pages 3-7 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 3-7 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.~~

Read all directions on each page carefully **before** completing the application.

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 3 - 7 containing your Personal Information, Acceptance of the Rules and Conditions and the Guarantee Form;
- Letters and Photographs as detailed on Supplementary Page A;
- Copy of your passport or birth certificate.

Completing your Application

The form is designed to be completed on a computer and unless there are special circumstances which prevent computer generated applications then this is the preferred method.

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.

If completing by hand your application *must* be legible. Particular care should be taken with email addresses. 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

~~You must submit four complete printed 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.** To achieve this:~~

- ~~1. Complete the application form but do not sign it.~~
- ~~2. Print four sets of the completed application (if 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 submitted as part of 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.~~

If you have been told that the form can be submitted electronically then the completed form should be saved as (yourname).pdf and submitted with a separate copy of Page 6 complete with all signatures.

To insert digital photographs using Adobe Reader

Open a new document in WORD. Select Insert > Picture then select the photo from file and click 'Insert' button. Drag corner of photo to resize to approximately 5.5cm x 6 cm (2in. x 2.5in.) then position cursor over photo> right click> left click on 'copy' from drop down menu.

Open the STEP Application Form in Adobe Reader and go to page 3.

If using **Adobe Reader 9** select Tools > Comment & Mark Up > Stamps > 'Paste Clipboard Image as Stamp Tool'.

If using **Adobe Reader X** select Comment> Annotations> left click on stamp icon> left click on 'Paste Clipboard Image as Stamp Tool'.

Position stamp shaped cursor over box headed '**Smile!**'> double left click> resize and position photo.

NOTE:- When printing the form the 'Documents and Stamps' setting must be selected in the 'Comments and Forms' box of the Print Set Up otherwise the photo will not be printed.

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. To the best of their ability 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



Rotary District Short-Term Exchange Program

Personal Information

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

Smile!

Attach or insert a recent, good-quality color photo of yourself (head and shoulders).

Original photos must accompany all four sets of the application.

Attach photo with glue or double-sided tape; do not staple.
Passport Size

If using Adobe Reader to complete this form Digital Photos may be placed here

See instructions on Page 2

1. Program Information

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

Family to Family Individual Exchange	Youth Camps
Group Exchange / Tours	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		Male
				Female
Date of Birth (<i>e.g., 23/April/1999</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 - separate email address from parents is required	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?	If yes, name of Rotary Club		
		Yes No			
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?	If yes, name of Rotary Club		
		Yes No			
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? Yes No	If yes, please explain.
Do you drink alcohol? Yes No	If yes, please explain.
Have you ever used illegal drugs? Yes No	If yes, please explain.
<i>Answering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to 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 Information

Do you have any mental health/medical/dental conditions?	Yes	No
Have you been treated for mental health/medical conditions in the past two years?	Yes	No
Have you taken any prescribed medications in the past six months?	Yes	No
Do you have any special health requirements (disabilities, allergies etc.)?	Yes	No
<p>If you have answered 'YES' to any of the above please explain fully in the space below, including the name of any medication and the reason prescribed. You may be required to complete a separate form requiring a physicians signature. Contact the person on page one of this form for details.</p>		

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	Country
Home Phone Number	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	Country
Home Phone Number	Business Phone Number	Mobile Phone Number	Fax Number	



Applicant's Name	
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Rotary District 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.

PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY

(If applicant is under 18 years of age delete this paragraph)

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:

(If applicant is over 18 years of age delete this paragraph)

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, 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.

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

Signatures of parents/guardians are not required if applicant is over 18 years of age

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

SENDING CLUB and DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant <i>and his/her parents/legal guardians*</i> 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 <i>and parents*</i> before the student's departure. <i>*(delete if applicant over 18)</i>		
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 (e.g., 23/April/2010)	Date (e.g., 23/April/2010)	Date (e.g., 23/April/2010)



Applicant's Name	
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Rotary District 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>)	
Home Address – Street		Town/City		State/Province	Postal Code	Country	
E-mail Address			Home Phone Number		Mobile Phone Number		

SENDING CLUB

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		

Alternative Emergency Contact for student 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	

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	Date	Home Phone Number	

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

Name				E-mail Address			
Address – Street			Town/City		State/Province	Postal Code	Country
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	Country
Home Phone Number		Names and Ages of any Other Adults in the Home					



Rotary District Short-Term Exchange Program

Applicant's Name

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?

Applicant's Photos

Select a color photograph for each topic below, and insert in, or attach each photo to your letter with glue or double-sided tape (do not staple). Include brief captions, if necessary. At least one application set must have original photographs; color photocopies may be used on the other three sets. Digital photos may be used - see notes on Page 2

• **MY FAMILY** Photo that includes members of your immediate family

• **MY HOME** Photo of your house or building where you live

Supplementary Page A

Application Check List & Acknowledgement of STEP Program Process

Use this checklist to ensure that you have all of the necessary parts for your application. Delivery of the application components should be made as follows:

- **Email:** items 1-7 in pdf format to tschroed@amfam.com. If file size exceeds 5MB, save the file in lower resolution or break the file into 2 or more sections before emailing.
- **Mail:** item #8 (application fee) to Tami S. Schroeder, PO Box 906, Minocqua, WI 54548.

1. *Personal Information* pages **completed** with **photo attached**
2. *Student and Parent Letters* **completed** and *Photos (4)* **attached**
3. *Guarantee Form* **signed** by student and parents/legal guardians
4. *Declaration and Permission for Medical Care and Release of Medical Records and Liability* **signed** by student and parents/guardians
5. Copy of school transcript
6. Copy of **passport/birth certificate**
7. Host Family Application form
8. Application fee, made payable to Rotary District 6220

STEP Program Process

Identify your top 3 country choices, in order of preference. We do our best to ensure you are matched with a family in one of your top 3 choice countries, however participation world-wide varies from year to year and a match with your top choice is not always possible. You are welcome to list countries not currently listed as participating in the program, and if your application is submitted at least one month early, we will investigate the possibility of such a match. See the website for a current listing of countries: <http://summerexchange.org/countries.asp>.

- 1.
- 2.
- 3.

HOST FAMILY MATCHING

You will be matched with an applicant of the requested gender and in one of your top countries of choice. If you have valid concerns about the family you are matched with, such as inability to accommodate a special need such as vegetarian diet or being allergic to a house pet, your request will be addressed. However if a host family match is turned down for other (non-critical) reasons, you may lose your opportunity to participate in the program.

MANDATORY ORIENTATION PROGRAM

The exchange student and at least one parent are required to attend a half day orientation program. This orientation is held for a half day in April or May in Northern Wisconsin. For the exact date for the current year, contact the program administrator (see page 1).

I understand the match process and agree to attend orientation: _____ (student)

I understand the match process and agree to attend orientation: _____ (parent)



DISTRICT _____
 A MEMBER OF
**CENTRAL STATES ROTARY YOUTH
 EXCHANGE PROGRAM, INC.**
HOST HOME APPLICATION
Please print or type



Section A

We are applying to the _____ Rotary Club to host the foreign exchange student

_____ who will enter or entered the country WIN SUM _____
 Student's Family Name First Name Year

Applicant's name, including full middle name Date of Birth Occupation

Spouse/Partner's name, including full middle name Date of Birth Occupation

Residence address (Cannot be a P O Box)

City State/Province/Country Postal code Residence Phone

Applicant's Employer Position Business Phone Cell Phone

Spouse/Partner's Employer Position Business Phone Cell Phone

Citizen of email: _____ (if none please enter none)

Citizen of email: _____ (if none please enter none)

If there are others in the household with a different email address please list their name and email addresses on page 6

List all children:

Full Name	Sex	DOB	At home?
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>

Adult residents & children signatures see page 8.

List all other persons living full time or part time in your home; indicate relationship if any, age and sex (Use page 4 for details)

Full Name SEX DOB Relationship

Please indicate your feeling about a student who smokes: Will accept will not accept a smoker

Section C

Student's Family Name _____

First Name _____

We would prefer to host a Girl Boy Either

Have any family members lived or traveled abroad? Indicate when and where _____

Have you hosted an exchange student before? ____ If yes when? _____ If more than one list on page 6

For what exchange program? _____

US Department of State regulation prohibit families from hosting relatives.

Is the student you plan on hosting related to you or anyone in the house? Yes No

Will you be hosting more than one exchange student in your home at the same time? Yes No

Household Income: Less than \$25,000; \$25,000 to \$35,000; \$35,000-\$45,000; \$45,000-\$55,000;
 \$55,000-\$65,000; \$65,000-\$75,000; \$75,000 or more. **NOTE: This income data will be used solely for the purposes of ensuring that the basic needs of the exchange student can be met, including quality meals and transportation to and from school activities.**

Does anyone residing in your home receive any kind of public assistance? Yes No If yes explain _____

Any driving violations or accidents? yes no _____
(If yes please explain)

as any member of your household ever been charged with a crime? yes no If yes, describe in full. Also indicate dates(s) of crime(s) and in which country and state each took place. (Attach a separate sheet if needed)

Attach separate sheet for answers to any of the questions.

Please list two personal references (including their addresses and phone numbers) Do Not use relatives

1 Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip Code _____

Residence Phone _____ Business Phone _____

2 Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip Code _____

Residence Phone _____ Business Phone _____

Section C

Student's Family Name

First Name

WAIVER/CONSENT/RELEASE

I/we certify that all of the statements in this application, and in any attachments hereto, are true and correct to the best of my knowledge. I/WE also certify that I/WE have not withheld any information that would affect this application unfavorably, if disclosed. I/we understand that any omission of facts or misrepresentation will result in elimination from consideration as a host family for the Rotary Youth Exchange program or its affiliates. I/we further certify that I/we understand that the Rotary Youth Exchange program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I/we hereby give my permission for Rotary Youth Exchange to investigate, verify and obtain information given in this application, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I/WE understand that this information will be used, solely, to determine eligibility as a host home for the Rotary Youth Exchange program. I/WE also understand that as long as I/we remain a host home, the criminal history records check may be repeated at any time. I/WE understand that I/WE will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I/WE dispute the record as received.

I/WE specifically acknowledge that the Rotary Youth Exchange program or its affiliates will inquire about, and I/WE authorize them to verify, prior employment, experience, personal references, background, including criminal background checks which may contain arrest and conviction data. I/WE waive any right to assert that such an investigation or request constitutes an invasion of privacy. I/WE recognize that such inquiries are in the interest of all persons involved with the Rotary Youth Exchange program, and I/WE fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Rotary Youth Exchange program, I/WE , to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International ("Indemnities"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an the investigation of backgrounds in connection with this application.

I/WE further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary Youth Exchange program and its affiliates, and understand that our service can be modified or terminated, with or without notice or cause, at any time, at the option of either the Rotary Youth Exchange program or its affiliates, or at our option. I/WE understand and agree that the Rotary Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for host home with or without cause.

I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE, WAIVER, CONSENT AND RELEASE, AND THAT I/WE SIGN THIS FORM VOLUNTARILY.

I/We acknowledge the following:

**That on _____ I/We were interviewed in our home by a representative of the Rotary program.
Date Who also inspected our home and took the required 5 pictures of our kitchen; student's bedroom; bathroom and family or living room and the exterior of our residence.**

That I/We were given a copy of the rules of the program and will attend an orientation session at a later date. I/we hereby acknowledge receipt of the rules of the program.

Signature of Applicant

Please Print Name

Date

Signature of Spouse/partner

Please Print Name

Date

The information in Sections C & D will not be provided to the exchange student.

Section C

Student's Family Name

First Name

For all adult residents; adult children; or other adults with access to the home:

Print applicant's full legal name	Drivers license number	Date of Birth	Social Security #
Print spouse/partner's full legal name	Drivers license number	Date of Birth	Social Security #
Print full legal name	Signature	Date of Birth	Social Security #
Print full legal name	Signature	Date of Birth	Social Security #
Print full legal name	Signature	Date of Birth	Social Security #

CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM, INC.

Your Privacy is Important to Us

We want you to know that protecting the privacy of your personal information is one of our top priorities. We value our relationship with you. The very nature of our relationship with you requires us to collect or share certain types of information about you. We want you to know what information we collect, how we protect it and how we may use it. This privacy notice explains how we use and protect potential, current and former volunteer and host family information. Please read it carefully.

What Personal Information Do We Have?

We collect information, such as name, address, social security number, and employment status, as outlined on the application you completed for us. The type of information we collect depends on your request and may include:

- Information we receive from you when you complete the application as a volunteer or host family;
- Information we receive from your references in connection with your application.
- Information we receive from third parties (such as motor vehicle reports and criminal background information).

How Do We Use Your Personal Information?

We may use your personal information and may provide it to authorized personnel from the U S Department of State and firms that conduct audits of our records.

- To approve your request;
- To fulfill legal and regulatory requirements;

We do not disclose any personal information about our potential, current and former volunteers and host families unless required by law.

We will not disclose any information we collect about you unless authorized by you to do so or as permitted by law. We may share such information without authorization, to the extent permitted by law, with third parties or affiliates assisting us, such as those who assist us investigating your application.

Protecting the Confidentiality of Your Personal Information

We only allow access to your personal information to those individuals who need it in order carry out the purposes of our program. Individuals who have access to your personal information are required to keep it strictly confidential. We provide training to our volunteers about the importance of protecting the privacy of your information. We maintain safeguards to protect your personal information.

This space can be used for more details on any of the above questions, or you can attached a separate sheet

Section D

Student's Family Name _____

First Name _____

Host Club Report:

This will be host family #1 #2 #3 ~~Cannot exceed three.~~
Check one

Results of reference checks (to be completed by local Rotary club official)

1 _____ Date _____

When is the last time you visited this home? _____ How well do you know this family? _____

Would you put your child in this home? _____ Any other comments _____

2 _____ Date _____

Attach separate sheet if necessary or use space below

When is the last time you visited this home? _____ How well do you know this family? _____

Would you put your child in this home? _____ Any other comments _____

I hereby certify that I have spoken with the above references _____
print name

Signature _____ Date _____

Other than the first host family when do you expect the student will move to this family? _____

Any additional comments: _____

Completed by Rotarian _____ Date _____
Print Name

Signature: _____