**GROUP STUDY EXCHANGE**

**TEAM MEMBER APPLICATION**

TYPE OR PRINT INFORMATION LEGIBLY Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Study Exchange with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTRY DISTRICT

**PERSONAL INFORMATION**

**Name in full (as it appears on your passport)** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME (GIVEN) MIDDLE LAST NAME (FAMILY)

\_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

MONTH DAY YEAR

RESIDENCE PHONE WORK PHONE MOBILE PHONE EMAIL ADDRESS

MAILING ADDRESS: STREET CITY STATE COUNTRY ZIP CODE

MARITAL STATUS SPOUSE’S NAME NAME AND AGE OF DEPENDENT CHILDREN

NATIVE LANGUAGE ADDITIONAL LANGUAGES (READING, WRITING, SPEAKING)

LIST ANY FOOD ALLERGIES LIST ANY DIETARY OR MEDICAL NEEDS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL HEALTH / ENDURANCE or PHYSICAL LIMITATIONS

COUNTRY OF CITIZENSHIP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to notify in case of an emergency**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME RELATIONSHIP TELEPHONE

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ADDRESS EMAIL

**EMPLOYMENT HISTORY: List current employment first (must be full-time)**

1. **Occupation/Profession** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY / ORGANIZATION POSITION

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title / Duties / Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Continued on page 2 of 3.

**TEAM MEMBER APPLICATION, page 2 of 3.**

1. **Occupation/Profession** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY / ORGANIZATION POSITION

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title / Duties / Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Occupation/Profession** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY / ORGANIZATION POSITION

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title / Duties / Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATIONAL DATA – ACADEMIC, TECHNICAL, PROFESSIONAL Additional sheets may be added**

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1. NAME AND LOCATION OF INSTITUTION DATES ATTENDED DEGREE OBTAINED AND DATE RECEIVED

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1. NAME AND LOCATION OF INSTITUTION DATES ATTENDED DEGREE OBTAINED AND DATE RECEIVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME AND LOCATION OF INSTITUTION DATES ATTENDED DEGREE OBTAINED AND DATE RECEIVED

Indicate special recognition received, including scholarships, honors, awards and prizes. List, but do not attach, any articles, pamphlets, or books you have published.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List educational, fraternal, civic, professional, and other organizations of which you are, or have been, a member. Indicate offices held, if any.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEVANT INFORMATION: Additional sheets may be added.**

Leadership experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Continued on page 3 of 3.

**TEAM MEMBER APPLICATION, page 3 of 3.**

Community involvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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International travel experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional relevant experience/knowledge that specifically qualifies applicant for team leadership:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAY OF INTENT**

A unique feature of the GSE program is providing outstanding business and professional people opportunities for studying their profession in another country. 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 Essay as an additional page.

**TEAM MEMBER APPLICANT’S COMMITMENT**

Attached to this Team Member Application is the Team Member’s Commitment containing obligations and responsibilities to which you must commit should you be selected as a Team Member. The Commitment must be signed and submitted with this Application in order for you to be considered for this appointment.

In addition to the items found under the Team Member’s Commitment, the following items are specific to the position of Team Member.

If appointed as Group Study Exchange Team Member, I will accept the appointment and agree to discharge the following obligations and responsibilities:

1. I will accept the decisions of the team leader at all times.
2. I will inform the selection committee of any relationship (professional or personal) I may have to any Rotarians sponsoring my candidature.
3. THE FOLLOWING REQUIREMENT APPLIES WHEN DISTRICT FUNDS ARE USED TO FINANCIALLY SUPPORT GSE. 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 stepchild, legally adopted or not), 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.
4. I will consider Rotary or Rotaract membership, if invited.

Additional information for Team Member applicant that is specific to this district’s participation in the Group Study Exchange program.

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SIGNATAURE DATE

**ROTARY CLUB ENDORSEMENT**

The Rotary Club of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ proposes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Group Study Exchange interviewing committee for consideration as a member of the district GSE team. The Club attests that it has interviewed the applicant and has invited the applicant to be a guest at a Club meeting(s).

If the applicant is appointed to the team by the interviewing committee, the Club will regularly invite the team member as a guest of the club in order for the team member to gain understanding of Rotary and the projects of the sponsoring club.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT CLUB PRESIDENT (PLEASE PRINT) CURRENT CLUB PRESIDENT SIGNATURE DATE

Attach Team Leader and Team Member Commitment to this Application Policy Date: February 2014

**GROUP STUDY EXCHANGE**

**TEAM LEADER AND TEAM MEMBER COMMITMENT**

*This commitment is to be attached to, and becomes a part of, the Application form.*

GSE Team Leader Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT

GSE Team Member Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT

Please read the following terms and conditions. I agree that if I am selected for the team, I will comply with these obligations and responsibilities.

Pre-Trip Obligations, I will:

1. Become well-informed on the host country and Rotary.
2. Meet and participate in team meetings, minimum of 12 hours, for the purpose of forming a cohesive team, learning about Rotary, GSE and the host country, and developing presentation programs.
3. Actively participate in a language and cultural training program if language differences exist between the paired districts.
4. Participate in the preparation of speeches/presentations that are adjustable in length, to be given at Rotary club meetings, District Conference and other functions. (GSE Chair will provide information on type and length of presentations.)
5. Obtain and pay for medical insurance valid and payable in the country(ies) in which the team will travel and visit. Details found on the Certification of Medical Insurance form. I attest that I am physically and mentally fit to thoroughly participate in an intensive program of study and travel. And I will obtain and pay for a medical exam certifying to my physical and mental ability. Details found on the Medical Certification form.
6. For travel to the host country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the following are required. I am responsible for expenses involved in obtaining the following.

\_\_\_\_\_ Visa. Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Inoculations. Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The GSE selection committee has the final authority to select team members. Team members, or alternates, may be disqualified at any time, if deemed appropriate.

Flight Arrangements:

1. Round-trip airfare is paid by the sponsoring District, by the team member, or by both parties per the following arrangements:

**District 5910 will pay.**

1. Regardless of how the air fare is paid, economy round-trip tickets will be booked. The point of departure will be determined by the sending district; point of entry will be determined by the receiving district.

GSE Participant’s Safety:

1. If the sponsoring or host district determines, in its sole discretion, at any point in the GSE process, that GSE participant safety in the host country is, or could be, at risk, the District may require that the GSE itinerary be modified, cancelled or indefinitely postponed. If already in the host country, the team may be asked to return home immediately, In such instances, I agree to abide by Rotary’s decision as to what, if any, alternatives are available to GSE teams whose trip has been modified, cancelled, or postponed due to safety concerns.
2. Should I be required to return home prematurely due to travel safety concerns, and I choose to stay, I accept all responsibility for my safe return home.
3. I will refrain from engaging in dangerous activities for the entirety of the GSE tour. When in doubt, a team member will discuss with the team leader.
4. Team leader or team members who, based on their profession, engage in any type of medical practice or activity including but not limited to routine medical procedures, surgical procedures, dental practice, or contact with infectious diseases, are reminded that they are solely responsible for any and all liability that may arise from their participation in this activity, including providing for adequate insurance.
5. While participating in GSE, I may be involved in some activities that: expose me to disease, injury, sickness, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from non-compliance with laws, physical injury or harm, crime and fraud. I understand these risks and personally assume all risks involved with this GSE experience.
6. If I, because of serious illness, injury, or for personal reasons, am unable to complete the terms of this agreement and must return home, this district will not be responsible to pay for transportation arrangements above the original cost of purchased tickets. Under certain situations, I may be asked to reimburse this Rotary District for airfare costs paid for by this District. Nor will Rotary International, the district nor its clubs, assume any additional costs including the cost of any medical care or treatment, now or in the future.

Continued on page 2 of 2.

**Team Leader and Team Member Commitment, page 2 of 2.**

During the Tour Responsibilities:

1. A high standard of behavior and deportment is expected from team members that reflects credit on Rotary, the sending district and the home country. If inappropriate behavior warrants dismissal from the team, the team member is responsible to reimburse the sponsoring Rotary district the cost of round-trip airfare that was paid by the district.
2. I will obey all applicable laws of the host country.
3. I agree to travel with the team during all scheduled team or host family activities, except during those periods when individual activities are specifically provided, unless excused by the team leader. As a team member, I will inform the team leader of my whereabouts at all times.
4. I will have sufficient funds to meet personal and incidental expenses while abroad.
5. I am solely responsible for my actions and property while participating in and traveling to and from GSE activities.
6. I do hereby release Rotary International, this Rotary District and its clubs from liabilities, responsibility and obligation, either financial or otherwise, beyond providing the opportunity to be part of this Group Study Exchange experience.
7. I agree not to make arrangements with friends or family with whom I have acquaintance and who are living/visiting in the host district or area. This policy applies to the entire length of the tour.
8. Family members or friends may not accompany the team during the tour under any circumstances.
9. After the tour, team members may travel in the host country or elsewhere at their own expense. However, understand that the district, club, and host family responsibilities cease at a time designated as the end of the GSE.
10. Where additional travel requires a change to the flight arrangements, and additional costs incur as a result of the change, the team member is responsible to pre-pay the district for the additional costs.
11. All arrangements to extend a tour must be communicated to the team leader and to the hosting GSE Chair.
12. All arrangements to extend a tour must be finalized prior to departure. Arrangements are not to be made or changed during the GSE, this includes during touring hours and also during time spent with a host family.

Post-Trip Obligations. I will:

1. Participate in the preparation of a post-tour presentation for use at Rotary club meetings, district conference, foundation events, or other Rotary events as requested.
2. Within three months of my return home, I will complete and submit a GSE End of Exchange Evaluation of my tour experiences. The team leader is responsible to submit all forms to the GSE chair.
3. Take every opportunity after the tour to share what I have learned through informal contacts and by addressing Rotary clubs, Rotary events, and other appropriate organizations.
4. Participate in the following Rotary events occurring during the year following my GSE tour. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Attend at least one Rotary club meeting with my employer to hear my team’s post-GSE presentation. This will help my employer understand the significance of the exchange experience.
6. I authorize Rotary to share photos from my Evaluation, or from other sources, for promotional purposes to further the Object of Rotary, including but not limited to Rotary publications, advertisements, and websites. I do not authorize Rotary, or any other entity to use these photos for any commercial purpose.

Additional information specific to this district’s participation in the Group Study Exchange program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By my signature, I attest that I am in excellent health with the physical and mental stamina to maintain a vigorous program of walking, carrying my luggage and participating in various strenuous activities during long days and possibly with limited down time.

By my signature, I attest that I have read, understand, and agree with the above terms of Commitment, and that if I am selected to be a member of the GSE team, that I will comply with all of the above terms of Commitment.

\_\_\_\_\_ Team Leader applicant

\_\_\_\_\_ Team Member applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Policy Date: February 2014

Revision August 2014