

**Rotary Friendship Exchange Traveling Application District 6040**

**Exchange to: District 9210, Zambia Dates: July 8-21, 2025**

**(some minor adjustments may happen)**

**Your Contact Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotarian Non-Rotarian**

**(circle one)**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Phone for Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If applying as couple or companions please complete for 2nd person.**

**2nd Person Contact Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotarian Non-Rotarian**

**(circle one)**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Phone for Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application continues on back—**

**RFE Application, page 2**

**Rotary Experience (if any):**

**Name of your Rotary Club (include city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years in Rotary: \_\_\_\_\_\_\_ Club or district Offices held: \_\_\_\_\_\_\_\_\_\_\_\_**

**Rotary Projects (indicate if chair or leader): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Have you traveled on an Friendship Exchange before? \_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**Have you hosted a Friendship Exchange traveler before? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Companion Rotary Experience (if any):**

**Name of your Rotary Club (include city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years in Rotary: \_\_\_\_\_\_\_ Club or district Offices held: \_\_\_\_\_\_\_\_\_\_\_\_**

**Rotary Projects (indicate if chair or leader): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Application Continues on the next page---**

**RFE Application, page 3**

**Your Interests: Tell us about yourself. Why are you interested in this RFE? What are you interested in seeing and doing while visiting our host country? What do you hope to gain from the experience? (You may attach one page with further information. Please limit that to one page only.)**

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**Would you or be interested in serving as the Team Leader? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Companion’s Interests:**

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**Would you or be interested in serving as the Team Leader? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Application continues on next page—**

**RFE Application, page 4**

**Do you or your companion have any special needs or consideration?**

**Health/Mobility Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you a smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No Consume alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Use cannabis products \_\_\_\_\_ Yes \_\_\_\_\_ No Vape? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Age Group: \_\_\_ Under 30 \_\_\_ 30-39 \_\_\_ 40-49 \_\_\_ 50-59 \_\_\_ 60+**

**Do you require prescription Mediations? Yes \_\_\_\_\_ No \_\_\_\_\_**

(Please note that many countries have strict regulations on these products.)

**Emergency Contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have received and read information about the procedures and requirements of Rotary Friendship Exchanges. I have had the opportunity to ask Questions and receive answers to those questions. I agree to the procedures and requirements of the Exchange program.**

**Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applications are due by December 31, 2024. Those received after that date will be considered only if there are unfilled spaces on the team. Once an applicant is accepted, a $100 non-refundable security deposit is due by January 31, 2025.**

**Return this application to: Ben Martin, RFE Chair; 302 NE Keystone Dr., Lee’s Summit, MO 64086 Or**

**Email as an attachment to** [**brmbj3@gmail.com**](mailto:brmbj3@gmail.com)

**All applications will be reviewed by the RFE committee and, if already selected, the team leader.**