



Long-Term Exchange Program Application

Supplemental Forms For Central States Rotary Youth Exchange



Submit completed application to:

Number of Copies of Application to be Submitted:

Instructions for Rotary Youth Exchange Program Application

Read all directions on each page carefully **before** completing the application. Use the checklist on the last page 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. The information you provide will help to determine your acceptance in the Rotary Youth Exchange program, and your placement in a host family, school, and community. Furthermore, your information will be provided to Rotary International. It will only be used for official RI business and will not be sold to or shared with third parties, unless its release is required by law.

Components of Your Application

Your application consists of the following:

Separate online link sent requesting the following information: personal information about you, your parents/guardians, background, school, language, emergency contact, student letter, parent's letter, and photos of you, family, home, activities, etc.

Separate online link will be sent for school reference.

Separate online link will be sent for country selections in order of preference.

This package which contains supplemental documents to be submitted in hard copy with original signatures include:

Section C - Medical (3 pages) (signed by physician, student and parent signed affirmations)

Section D - Dental

Section E - Sponsoring Rotary Club and District Endorsement (all signatures witnessed)

Section G - Rules, Attestations, Permissions, Releases & Consents (4 pages) (All signatures witnessed)

Government issued certified birth certificate

Official school transcripts for past two years

Filling Out Your Application

Your application **must** be legible. Only computer-generated (or typed) applications are accepted (no hand-written applications). 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. Make note of the formats specified for date fields and other items. Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate**.

Additional Instructions

The deadline for this application will be established by the sponsoring Rotary District and local Rotary Club.

Applications WILL NOT be accepted after the deadline date. They will also dictate the number of copies you are required to submit.

Hand-written applications will not be accepted. Most pdf readers can be used to complete your application on a laptop or pc.

When putting the applications together, **use only PAPER CLIPS**. Do not staple or otherwise bind your applications.

Questions?

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



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Section C: Medical History & Examination

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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 to host family placement and student well-being. Please sign each page of the examination form at the bottom where shown.

An immediate relative of the applicant may **not** complete the examination or fill out this form. *Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures.*

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH)		Date of Birth (YYYY-MM-DD)		Male Female Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number	Mobile Phone Number	

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:				
a. Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n. Liver disease/hepatitis	Yes <input type="checkbox"/>
b. Anorexia/bulimia/other eating disorder*	<input type="checkbox"/>	<input type="checkbox"/>	o. Malaria	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	p. Menstrual disorders	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	q. Mental disorders*	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	r. Pneumonia	<input type="checkbox"/>
f. Attention deficit disorder*	<input type="checkbox"/>	<input type="checkbox"/>	s. Rheumatic fever	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	t. Serious headache/migraine	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	u. Stomach ulcer	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	v. Typhoid fever	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	w. Urinary tract infection	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	x. Vertigo/dizziness	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	y. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	z. Visual problems – other	<input type="checkbox"/>
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?			<input type="checkbox"/>	<input type="checkbox"/>
b. Taken any prescribed medication in the past six months?			<input type="checkbox"/>	<input type="checkbox"/>
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?			<input type="checkbox"/>	<input type="checkbox"/>
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?			<input type="checkbox"/>	<input type="checkbox"/>
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?			<input type="checkbox"/>	<input type="checkbox"/>
f. Had excessive weight gain or loss recently?			<input type="checkbox"/>	<input type="checkbox"/>
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?			<input type="checkbox"/>	<input type="checkbox"/>
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?			<input type="checkbox"/>	<input type="checkbox"/>
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?			<input type="checkbox"/>	<input type="checkbox"/>
j. Suffered weakness of neurological or muscular skeletal system?			<input type="checkbox"/>	<input type="checkbox"/>
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):			<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):				
<i>*Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician</i>				
Question (e.g., 2e)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment			Dates and duration

Physician's signature:

Sponsor District: _____

Applicant Name: _____



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4. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not). Use Part 5 comments for other details.			
Measles (rubeola) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Hepatitis (if so, see comments) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Whooping cough (pertussis) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____
Rubella (German measles) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Varicella (Chicken Pox) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Scarlet fever <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Other: <input type="checkbox"/> No If Yes, explain: _____

5. Immunization Information <i>(may be completed by medical records, nursing or appropriate personnel and verified by physician)</i>							
The applicant has been immunized against the following diseases:	Dates of immunizations (clearly state the dates of ALL doses received – YYYY-MM-DD) <i>Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/or school may require additional immunizations.</i>						
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Diphtheria							
Pertussis (whooping cough)							
Tetanus							
Rubella (German measles)							
Mumps							
Measles (rubeola)							
Polio Sabin TOPV (3 or more) Salk IPV (4 or more)							
Varicella (Chicken Pox/Shingles)							
Hepatitis B							
Hepatitis A							
Yellow Fever							
Japanese Encephalitis							
Meningococcal Meningitis							
Typhoid							
COVID-19 Manufacturer or Name:							
Others (specify):							
Additional comments: (Examples: hepatitis lab test results, other immunizations, vaccine adverse reactions)							

6. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.
Date of screening (YYYY-MM-DD) _____ 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: _____

Physician's signature: _____



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Section C: Medical History & Examination

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7. 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

Physical Examination

Height: (cm)	Weight: (kg)	Blood Pressure: Sys. Dia.	Pulse rate/minute:																																																			
8. Does today's examination show any abnormal findings for:																																																						
<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Head and neck</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ear, nose, throat</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Chest/lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Heart (murmur, pressure)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hernias</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lymph nodes/breasts</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Genitalia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Heart (murmur, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Extremities (muscular)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Skeletal system</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Extremities (muscular)	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal system	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Abdomen (mass)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rectal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Abdomen (mass)	<input type="checkbox"/>	<input type="checkbox"/>	Rectal	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
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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 additional 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 Rotary Youth Exchange program.
- ☐ Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, 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 address, phone, fax and E-mail (type or stamp)	Physician Name (type or print)
	Physician Signature
	Date (YYYY-MM-DD)

Parent and Applicant Declaration:

We/I hereby confirm:

- that the Medical Section C and Dental Section D include ALL the medical information known to us/me. Incomplete Medical or Dental Sections may lead to an early termination of the exchange.
- that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
- that if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.
- I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parents to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

Parent/Legal Guardian #1 Signature: Name: Date:	Applicant Signature: Name: Date:
Parent/Legal Guardian #2 Signature: Name: Date:	

Letter(s) of explanation from treating physician(s), if any, and separate pages for any abnormal physical findings are to be appended following this page.

Sponsor District: _____

Applicant Name: _____



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Section D: 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.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH)		Date of Birth (YYYY-MM-DD)		Male Female Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Email Address	Home Phone Number		Mobile Phone Number	

Dental Examination

1. Is the applicant in good dental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant require dental work at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you foresee the applicant requiring any dental work while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain below (use space at bottom or additional pages if needed):		

Enter any additional comments below. (If additional pages are necessary, attach them and please check here ☐)

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 herein.

Dentist address, phone, and fax (type or stamp)	Dentist Name (type or print)
	Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD)

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Section E: Endorsements-Sponsor Club; Guarantees-Student & Parents

Full Legal Name as on passport or birth certificate <i>(use uppercase for your FAMILY name; e.g., John David SMITH)</i>		Name You Wish to be Called		Male Female Non-Binary
Home Address - Street	City	State/Province	Postal Code	Country
Postal Address <i>(if different)</i> - Street	City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number		Mobile Phone Number	
Place of Birth <i>(City, State/Province, Country)</i>	Citizen of <i>(Country)</i>		Date of Birth <i>(YYYY-MM-DD)</i>	

(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 sponsor and host districts and clubs; (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE: We, the parents/legal guardians of the above applicant agree to do the following: (1) Pay all costs of transportation, passport and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (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/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned APPLICANT and PARENT/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, live with approved families for up to one year, and attend secondary school. They hereby also authorize the host district to receive all necessary documents regarding application for visa.

Signature (Applicant)	Home Phone Number		Date <i>(YYYY-MM-DD)</i>
Signature of Parent/Legal Guardian #1	Date <i>(YYYY-MM-DD)</i>	Mobile Phone Number	E-mail
Signature of Parent/Legal Guardian #2	Date <i>(YYYY-MM-DD)</i>	Mobile Phone Number	E-mail
Witness Name: Sponsor Rotary Club member signature	Date <i>(YYYY-MM-DD)</i>	Mobile Phone Number	E-mail

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District #		Sponsor Club Name		Sponsor Club ID #	
Name of District Youth Exchange Chair		Name of Sponsor Club President		Name of Sponsor Club Youth Exchange Officer	
Street Address of District Youth Exchange Chair		Street Address of Sponsor Club President		Street Address of Sponsor Youth Exchange Officer	
City, State/Province, Postal Code of District YE Chair		City, State/Province, Postal Code of Sponsor Club President		City, State/Province, Postal Code of Sponsor Club YEO	
E-mail Address of District Youth Exchange Chair		E-mail Address of Sponsor Club President		E-mail Address of Sponsor Youth Exchange Officer	
Signature of District YE Chair		Signature of Sponsor Club President		Signature of Sponsor Club YE Officer	
Date <i>(YYYY-MM-DD)</i>	Home Phone Number	Date <i>(YYYY-MM-DD)</i>	Home Phone Number	Date <i>(YYYY-MM-DD)</i>	Home Phone Number
Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number



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Section G: Rules, Attestations, Permissions, Releases & Consents

As a Youth Exchange student sponsored 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 student's 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 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.
- 3) You are not allowed to possess or use illegal drugs. Legal medications that are prescribed to you by a physician are 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. Excessive consumption and drunkenness is forbidden.
- 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) 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 host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
- 9) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
- 10) You must attend school regularly and make an honest attempt to succeed.
- 11) You must have health and accident or travel insurance that provides 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.
- 12) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district.
- 13) 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.
- 14) 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 your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 16) 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.
- 17) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 19) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
- 2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 3) Learn ahead of time as much of the language of your host country as possible and use the language regularly. Teachers, host parents, 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.
- 4) Attend Rotary-sponsored events and 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.
- 5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join in.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 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.



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Section G: Rules, Attestations, Permissions, Releases & Consents

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' partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and emotional abuse.

Adopted by the Rotary International Board of Directors, October 2019

ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

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.

The undersigned applicant attests 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.

Applicant (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	Signature
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	Signature

LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.

IN CONSIDERATION of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively "RYE program")

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

Applicant (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	Signature
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	Signature



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

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 'Section C: Medical History and Examination,' 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.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- 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 for any medical treatment rendered (whether or not covered by insurance)

Applicant (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	Signature
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	Signature



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

Rotary International Privacy Statement

If you are accepted into the long-term Rotary youth exchange program, this application and the information contained within will be shared with various Rotary related entities including the district and club where you live, the district and club that will be hosting your exchange and Rotary International. This information may also be shared with others associated with administering the program including exchange counselors and host families. Rotary International will only use the information for core business purposes.

To correct or delete any personal information, please contact Rotary at youthexchange@rotary.org

January 2018

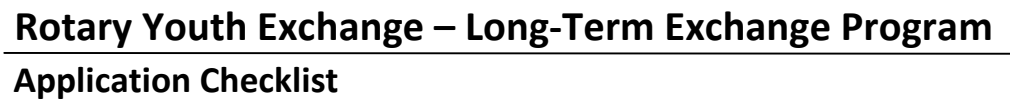
CONSENT TO USE OF PERSONAL DATA, IMAGES AND RECORDINGS

1. I consent to Rotary International, sponsoring and hosting Rotary Youth Exchange multi-districts, sponsoring and hosting Rotary districts, and sponsoring and hosting Rotary clubs (collectively "RI") participating in the Rotary Youth Exchange program collecting, processing, using and disclosing my personal data including medical information in compliance with local privacy laws to verify my eligibility, to coordinate my exchange with international exchange partners, schools, and government agencies and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.
2. "RI" may retain information on how to contact me. Digital copies of my personal data will be retained in a secure database. Five years after completion of my exchange this data will be transferred to an archive within a database which allows access only when required by law or authorized by the data protection officer.
3. I consent to anyone associated with the Rotary Youth Exchange program (including Rotarians, host family members, and agents of the program) recording my voice and image by any means ("Recordings").
4. I grant "RI" the irrevocable and worldwide right free of charge to use, copy, display, modify, distribute, publish and license the Recordings, my image, statements, name, and voice for promotional, marketing, and educational purposes. I understand that this could include use on websites, in publications, via streaming, and in social media. I agree that RI may retain the Recordings and my personal information for historical and research purposes.

Applicant (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	Signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	Signature

Instructions: Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian of the student.

Applicant Name: _____



Sec.	Application Component
C	Medical History & Examination completed and signed by physician, parents and applicant. <i>Letter(s) of explanation and other additional pages, if any, should be appended following physician signature page.</i>
D	Dental Health and Examimation completed and signed by dentist
E	Endorsements-Sponsor Club, Student & Parents completed and signed by all persons
G	Rules, Attestations, Permissions, Releases & Consents signed by student and parents/legal guardians
	Official school transcripts for past 2 years)
	Government issued birth certificate
	While not required at this stage of the application process, applicant will need to furnish a copy of passport identity page (valid at least 6 months beyond the estimated end of exchange.) for visa processing.
Additional Forms Required by Sponsor District (if any)	

Assemble your application and include this checklist. Do not include the cover page or instructions page. Please do not staple or bind your application or any part of it; use paper clips or clamps instead. Submit the number of paper application originals specified by your local sponsor Rotary Club or District. If your RYE Sponsor District also requires an electronic copy of this application in addition to (or instead of) the paper application, you will receive specific instructions for electronic preparation and submission.

Application produced and endorsed by
North American Youth Exchange Network
January 2021

Fillable form functions revised 2021-05-01