

## Rotary District 7090 Vocational Training Team LEADER application



### PARTICIPANT INFORMATION

Team leader:

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Rotarian: Yes  Please provide Rotary ID: \_\_\_\_\_

Gender: Male  Female

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

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Rotary History Name of Club \_\_\_\_\_ Years in Rotary \_\_\_\_\_

Club or District Committee experience (provide attachment) \_\_\_\_\_

International Name: \_\_\_\_\_

insurance carrier Policy number: \_\_\_\_\_

(coverage requirements are Phone: \_\_\_\_\_

listed below) Dates of coverage: Start: \_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_  
 (Day/month/year)

**\* Please indicate any other insurance coverage if provider above does not cover all Rotary Foundation requirements:**

Funded Traveler(s) are required to secure, for their trip, travel medical and accident insurance to cover medical care and hospitalization, emergency evacuation, and repatriation of remains with limits as outlined in the terms and conditions. This insurance must be valid in the country/countries that the Funded Traveler will visit during their participation and cover the periods from the date of departure through the date of return. Funded Traveler(s) shall provide evidence of such coverage to the District and to TRF, if requested.

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

## EXPERIENCE

I have provided an electronic copy of my curriculum vitae or résumé with this application.

Include Leadership Experience, Community Involvement, Travel/International Experience and any additional specific experience relative to leading a TEAM.

## AREA OF FOCUS AND GOALS

**This Vocational Training Team primary contribution would be based on the Medical industry. As leader of our outbound team to District 4480, Brazil, the successful candidate should evidence dedicated experience in either Cancer, Ophthalmology, or Heart and Coronary Procedures as related to their experience in the multi aspects of the Medical Industry, and as detailed in the Call for VTT Team Leader.**

Explain how your educational or professional expertise relates to this Specific undertaking.

**The goal would be to share professional experiences in successful Medical Industry Procedures, Research and Development utilized in the specialized areas of Sao Paulo Brazil, and surrounding vicinity.**

Describe your experiences in conducting training or teaching, preferably in the delivery of effecting change in Medical Procedures, Research and Development. Include experiences with identifying needs as well as efficiencies and accessing cost control methodologies.

Describe your personal goals for participating in this training team.

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## **LANGUAGES**

Brazil's primary language is Portuguese and proficiency will be helpful. However we are informed the training will be conducted in English, vocational training team members are required to be proficient in English with basic knowledge of Portuguese. Please list the languages you speak (including native language) and your proficiency level.

Language	Proficiency

## **AGREEMENT**

As a member of a Rotary Foundation District Grant team for vocational training, I confirm and agree to the following:

1. I have been provided with a copy, attached, of the Terms and Conditions for Rotary Foundation District Grants and Global Grants (\*Terms and Conditions) and will adhere to all policies therein.
2. I have reviewed the itinerary for the travel and training associated with this grant.
3. I will actively participate in the vocational training and work with my team as a cohesive group in order to ensure the success of the grant.
4. I will take an active role in the predeparture orientation, including any necessary language and cultural training, to ensure that I am knowledgeable about the country(ies) to be visited and thoroughly acquainted with the aims, objectives, and ideals of Rotary and the purpose of the vocational training to further Rotary's mission.
5. I will follow all travel policies listed in the Terms and Conditions .
6. I will secure, for the duration of the trip, travel medical and accident insurance in accordance with the Insurance requirements of Rotary International/The Rotary Foundation for Travel Insurance.

I understand that this insurance must be valid in the country(ies) that I will visit during the duration of my participation, from the date of departure through the official end of the trip.

Upon request, I will provide to the sponsor District and The Rotary Foundation (TRF) a certificate of insurance for the required coverages.

7. All matters relating to insurance, passports, visas, inoculations, and financial readiness are my personal responsibility and not that of any Rotary club, District, RI, or TRF.
8. District 7090 will provide only for costs directly associated with grant implementation as outlined in the approved grant application. . I will have sufficient funds to meet my personal and incidental expenses while traveling.
9. District 7090 has final authority to select team members, and may disqualify team members or alternates at any time, if deemed appropriate.
10. I will reimburse District 7090 any costs I have incurred if my behavior warrants dismissal from the team.
11. I have made the selection committee aware of my relationship (professional or personal) to any Rotarians sponsoring my application and/or to any other participants on the team.
12. I will remain with the team throughout the term of the grant, except during those periods when individual time is scheduled, and will inform the team, notably the team leader, or, in the case of myself as team leader, the District 7090 Vocational Training SubCommittee Chair, of my whereabouts at all times.
13. My behavior during my travels with the team will reflect positively on Rotary, my sponsor Club, District, and my country.
14. I will not engage in dangerous activities for the entirety of the grant. Further, I understand and agree to the following:
  - While participating in this training, I may be involved in activities that could expose me to disease, injury, sickness, inadequate and unsafe public infrastructure, unsafe transportation, hazardous work conditions, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from noncompliance with local laws, physical injury or harm, and crime and fraud. I understand these risks and assume all risks involved with this training.
  - I release District 7090, RI/TRF from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the opportunity.
  - If I, because of serious illness or injury, am unable to complete the terms of this agreement and must return home, TRF shall pay to arrange for transportation home. RI/TRF shall not assume any additional costs, including the cost of any medical care or treatment, now or in the future.
  - I am solely responsible for any and all costs and damages for any illness, injury, or other loss (including loss of consortium and emotional loss) incurred or suffered participating in,

traveling to, or traveling from the training, or otherwise related to the provision of the opportunity.

15. I will not engage in activities that could unnecessarily endanger or threaten my health, safety, or well-being or those of other participants (such activities would include, but not be limited to, skydiving, bungee jumping, extreme sports, and operating heavy machinery). I am solely responsible for my actions and property while participating in, and traveling to and from, the training.
16. If I engage in any type of medical practice or activity, including but not limited to routine medical procedures, surgical procedures, dental practice, and contact with infectious diseases, I am solely responsible (including providing for adequate insurance) for any and all liability that may arise from my participation in this activity.
17. I am responsible for all costs not covered by the grant. I agree to defend, indemnify, and hold harmless District 7090, Rotary Internatioanal, The Rotary Foundation from and against all claims (including, without limitation, claims for bodily injury or property damage), demands, actions, damages, losses, costs, liabilities, fines, expenses (including reasonable attorney's fees and other legal expenses), awards, and judgments asserted against or recovered from District 7090, Rotary International/The Rotary Foundation arising out of any act, conduct, omission, negligence, misconduct, unlawful acts, or violations of any of the terms and conditions that apply to this grant. The foregoing includes, without limitation, injury or damage to the person or property of District 7090, Rotary International/The Rotary Foundaiton or any third party, whether or not subject to any policy of insurance.
18. I will participate in Club and District activities as requested by my sponsors, including but not limited to attendance at club meetings, District conference and other Rotary Foundation events, within the boundaries of District 7090.
19. District 7090/The Rotary Foundation may share my name and contact details with other vocational training teams and Rotary Districts upon request. Unless I indicate otherwise in writing, by submitting photos in connection with any report, I hereby give publication rights to District 7090, Rotary International, and The Rotary Foundation for promotional purposes to further the Object of Rotary, including but not limited to District 7090, RI and TRF publications, advertisements, and websites. I also authorize District 7090, RI and TRF to share photos from reports with Rotary entities for promotional purposes to further the Object of Rotary.
20. If I travel after the end of the training, I will return to my sponsoring district within four weeks after the grant is completed.
21. My spouse or other family members who are not approved members of the team will not, under any circumstances, accompany the team during the term of the grant.
22. I will submit a final report thirty days after completion of my vocational training team period and will send copies of my report to District 7090.

The laws of the State of Illinois shall govern all matters arising out of or relating to this agreement, including, without limitation, its interpretation, construction, performance, and enforcement. Any legal action brought by either party against the other party arising out of or relating to this agreement must be brought in either the Circuit Court of Cook County, Illinois, USA, or the federal District Court for the Northern District of Illinois. Each party consents to the exclusive jurisdiction of these courts and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in either of the designated courts from enforcing the judgment in any other court.

Please confirm the following:

***Please check.***

- I have provided an electronic copy of my curriculum vitae or résumé with this application.
  - I meet the medical requirements for this grant and can fully participate in international travel and activities during the duration of the grant.
  - I understand that I am required to secure travel medical and accident insurance as outlined in the participant agreement and that I must provide details of this coverage in the emergency contact section above. I understand that this insurance must be valid for all countries visited during the grant period.
  - I release The Rotary Foundation from any and all liability with regard to my involvement in this grant.
  - I have obtained or will obtain any visas required for travel before my departure.
  - I have read and agree to the Terms and Conditions for Rotary Foundation District Grants and Global Grants and the above terms of agreement associated with my participation in this grant.
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Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_