

2024 Application Short Term Youth Exchange



District 7475 and District 2670



Email completed application to Jim Allison at:

JRA188@aol.com (No signature is required on emailed copy)

Questions, call: Jim Allison at 201-213-6382

Application Timeline

- Applications from **students ages 15 to 18** will be accepted beginning December 1, 2023 and will continue to be accepted until all positions are filled.
- Students must be interviewed and accepted into the program. Interviews will be scheduled January March.
- ☐ Interviews are granted in the order the applications are received.
- Once 20 students are accepted into the program the application process will close regardless of dates.

Information and Instructions 2024 Short Term Youth Exchange to Japan

*Read information and directions carefully before completing the application.

This application must be typed on this form.

- When the application is complete, attach it to an email and send it to Jim Allison at JRA188@aol.com. The application must be sent as an attachment to the email. No signatures need to be included with this application. You and your parents will sign the application at the interview.
- Short Term Youth Exchange Program participants will be interviewed and a determination will be made regarding
 acceptance. If you are accepted as a program participant, a copy of this application will be sent to Rotary District
 2670 (Shikoku, Japan) and to your host families in Japan. It will serve as your introduction to your host family. It
 is important that the first impression you make is a good one.
- **Passport:** If you do not have a passport, or if it is about to expire, apply for one or renew it <u>immediately using the expedited option</u>. It is mandatory that your passport be available by April 1, 2024 when group airline tickets are purchased. It can take several weeks to obtain a passport.
- **Cost of participation in the program:** The cost of the trip is \$3,950, all inclusive. If you are accepted into the program, a \$500 non-refundable deposit is required. The balance is due at the orientation program in April.
- **Dates of Travel:** Departure is scheduled for June 27, 2024, returning July 18, 2024. Note: Travel dates may vary, plus or minus 3 days, depending on availability of airline flights.
- Applicant and Parents/Legal Guardian: All parent/guardian information must be completed. If your parents are
 divorced or separated, provide the requested information for both parents (not stepparents). If someone other than
 a parent is your legal guardian, provide the requested information for the legal guardian. Authorizations must be
 obtained from all parents/guardians.
- Local Rotary Club in Your Community: After acceptance into the program, you will need to make contact with a local Rotary club in your community to obtain their support. Ask them for "Rotary banners" to exchange with Rotary clubs in Japan. Having a relationship with a local Rotary club will give you a better understanding of the purpose of Rotary.
- Program Rules and Conditions of Exchange: As a condition of participation, students and parents must agree
 to the conditions established for the program. Complete information and details are on the last pages of the
 application.
- Tab between Questions When finished do Save AS (your name) i.e. Tom Smith Application



Short Term Youth Exchange to Japan Rotary District 7475 2024 Application

Gender: Address: City State: Zip Code: Cell Phone: Date of Birth (e.g. yy/mm/dd): Year Month Day Age: Current school: Country of citizenship: Country of citizenship: Day Passport Number: Exp. Date: 2. Parent/Legal Guardian Information Full Name of Father/Parent/Legal Guardian First Name: Last Name: First Name: Last Name: Street Address: City State Zip Code: City State Zip Code: Cell Phone: Employer: Occupation: Employer: Occupation: Email Address: Email Address: Email Address:	1. Applicant Information					
Gender: Address: City State: Zip Code: Cell Phone: Email address: City State: Zip Code: Email address: Current school: Current school: Current school: Country of citizenship: Country of citizenship: Country of citizenship: Exp. Date: 2. Parent/Legal Guardian Information Full Name of Father/Parent/Legal Guardian First Name: First Name: Last Name: First Name: Last Name: Street Address: City State Zip Code: City State Zip Code: Cell Phone: Employer: Occupation: Employer: Occupation: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	FULL LEGAL NAME AS I	T APPEARS ON YOUR PASSI	PORT:			
Cell Phone: Cell Phone: Cell Phone: Day Age: Current school: Country of citizenship: Exp. Date: 2. Parent/Legal Guardian Information Full Name of Father/Parent/Legal Guardian First Name: Last Name: Street Address: City State Zip Code: Cell Phone: Cell Phone: Email Address: Email Address: Email Address: Email Address: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	First Name:	Middle Name:	Last Name:			Nickname
Date of Birth (e.g. yy/mm/dd): Year Month Day Age: Current school: Place of birth (City, State, Country): Do you have a current passport? YES NO Passport Number: Exp. Date: 2. Parent/Legal Guardian Information Full Name of Father/Parent/Legal Guardian First Name: Last Name: First Name: Last Name: Street Address: City State Zip Code: City State Zip Code: Cell Phone: Employer: Occupation: Employer: Occupation: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	Gender:	Address:	City	,	State:	Zip Code:
Age: Current school:	Cell Phone:		Email addres	s:		
Country of citizenship: Country of citizenship: Country of citizenship: Exp. Date:	Date of Birth (e.g. yy/mm/dd): Year	Month Day	Age:	Current s	chool:	
Do you have a current passport?	Place of birth (City, State, Country):		Country of cit	tizenship:		
Full Name of Father/Parent/Legal Guardian First Name: Last Name: Street Address: City State Zip Code: Cell Phone: Employer: Occupation: Email Address: Rotarian? Yes NO If Yes, Club Name: Pirst Name of Mother/Parent/Legal Guardian First Name: Last Name: Last Name: Last Name: City State Zip Code: Cell Phone: Employer: Occupation: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal		☐ YES ☐ NO	Passport Nur	mber:		Exp. Date:
Full Name of Father/Parent/Legal Guardian First Name: Last Name: Street Address: City State Zip Code: Cell Phone: Employer: Occupation: Email Address: Rotarian? Yes NO If Yes, Club Name: Pirst Name of Mother/Parent/Legal Guardian First Name: Last Name: Last Name: Last Name: City State Zip Code: Cell Phone: Employer: Occupation: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	2 Parent/Legal Gua	ardian Information				
Street Address: City State Zip Code: Cell Phone: Employer: Occupation: Email Address: City State Zip Code: Cell Phone: Employer: Occupation: Email Address: Email Address: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal						
City State Zip Code: Cell Phone: Employer: Occupation: Employer: Occupation: Email Address: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	First Name:	Last Name:	First Name:			Last Name:
Cell Phone: Employer: Occupation: Email Address: Email Address: Email Address: Rotarian? Yes NO If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	Street Address: Street Address:					
Employer: Occupation: Email Address: Email Address: Email Address: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	City State Zip Code: City State Zip Code:					
Email Address: Email Address: Email Address: Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	Cell Phone:		Cell Phone:			
Rotarian? Yes NO If Yes, Club Name: Rotarian? Yes No If Yes, Club Name: Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	Employer:	Occupation:	Employer:			Occupation:
Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal	Email Address: Email Address:					
Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal rights to make decisions that could affect the student's participation.	Rotarian? Yes NC	If Yes, Club Name:	Rotarian?	Yes	No	If Yes, Club Name:
	Check here if parents are divorced or separated. Authorization must be obtained from all parents/legal guardians and others who have legal rights to make decisions that could affect the student's participation.					
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4. Reciprocal Hosting:		
	an exchange student families host Japanese exchang ill be given to those students whose families are willi	
Is your family willing and able to host two Japanese	students for SIX DAYS in August? YES	NO
Comment:		
5. Emergency Contacts Other T	han Parents:	
Name:	Relationship:	Contact Number:
Name:	Relationship:	Contact Number:
information will be shared with Rotary	part of the interview process. If you are District 2670 in Japan and the host fam ficient information and detail so people s program?	nilies with whom you will be stayin
2. What specifically do you want to do, so	ee and experience in Japan?	
3. Describe the community in which you	live.	
4. Describe your family including: sibling	gs, pets, family members, family interests a	nd activities?
 Have you ever been away from home If yes, where , with whom and for 	e longer than a week without your parents how long?	or relatives? Yes No

6.	Have you ever visited another country?If Yes, Where?	Yes	No			
7.	What is your favorite subject in school?					
	Why?					
8.	What is you least favorite subject in school? Why?					
9.	What are your stongest characteristics?					
10.	What are your weakest characteristics?					
11	. How do you handle difficult and challenging situration	ns? Give ar	ı example	:		
	On a scale of 1 to 10, with 1 being shy and 10 being v		-			
13.	List any extra curricular activities you have participate	d in high sch	nool if any	?		
14.	What are your hobbies?					
15.	What are your plans and ambitions?					
16.	Other than English, what languages do you speak? In Language:	Fluency		1= limited, 2: 1	= some sente 2	ences, 3= fluent 3
	Language:	Fluency		1	2	3
17.	Identify four major issues confronting youth today					
18.	Select the most important issue from above and expla	ain why it is o	of persona	al concern to	you.	

Dietary Information

19.	What are you favorite foods to e	at?						
20.	What foods do you dislike or wor	n't eat?						
21.	Do you have any dietary restricti	ons?						
22.	Do you have any food allergies?	If yes, p	lease d	escribe				
23.	Do you have any medical condit	ions, disa	bilities,	or health issues? If yes	, please	describe		
dep	Have you ever experienced or boression, anxiety, ADHD/Autism, of ase describe							
25.	Are you allergic to any medication	ons? If ye	es, desc	cribe				
26.	Are you allergic to an animals?	If yes, pro	ovide ad	dditional information?				
27.	Do you carry or use any emerge	ncy medi	cation -	i.e. epi pen, inhaler, ber	nedryl, et	С		
28.	List any prescription medications Medication Name Reason	-	taking. osage	Frequency D	ate Start	ed		
29.	Other - Please complete the follo	Ū	NI -	Have you ever been		Vas	No	
	Do you smoke? Do you use drugs? Have you ever be arrested?	Yes Yes Yes	No No No	suspended from schoo Have you ever been in physical confrontation?	а	Yes Yes	No No	6

Rotary District 7475 2024 Short Term Youth Exchange to Japan

Program Rules and Conditions of Exchange

- 1. You must obey the laws of the host country. If charged with a violation of any law, student can expect no assistance from Rotary or their native country. Student will be returned home as soon as released by authorities.
- 2. You are not allowed to possess or use illegal drugs or alcohol.
- 3. You are not authorized to operate a motorized vehicle of any kind. i.e., car, boat, jet ski, moped, Segway, etc.
- 4. Purchasing or consuming of alcoholic beverages is expressly forbidden.
- 5. Unauthorized travel is not allowed. Students must remain with the group or host families at all times and follow the travel plan and rules of the Short Term Youth Exchange Program.
- 6. You must be covered by a medical insurance policy. Parents are responsible for all expenses related to any medical issue including but not limited to medical fees, hospitalization, medications, transportation, lodging, and any supplemental airfare for the student and parents (if necessary).
- 7. You will be under the host Rotary District's authority while you are an exchange student. Parents/guardian may not authorize any extra activities for their child. Relatives or friends in the host country will have no authority over students while they are in the program.
- 8. Visits by parents, relatives, siblings, or friends are not permitted.
- 9. Any unusual costs relative to a student's early/late return home for violation of the Program Rules or for any other reason, shall be the responsibility of the student's parents/guardians.
- All students, host family members and volunteers working with students must be vaccinated with the COVID 19 vaccine. Proof of vaccination is required.

Travel Authorizations

The undersigned APPLICANT and the undersigned PARENTS or GUARDIANS of the applicant hereby agree that the applicant be permitted to travel to Japan and live in Rotary approved homes as a participant in the Rotary Youth Exchange Program.

Photography/Video Release

The undersigned APPLICANT and the undersigned PARENTS or GUARDIANS of the applicant hereby agree to allow photographs or videos to be taken of the applicant which may be used for promotion purposes of the program.

Permission for Medical Care

The undersigned APPLICANT and the undersigned PARENTS or GUARDIANS of the applicant hereby give PERMISSION for any medical or surgical treatment (including but not limited to, administration of anesthetic, surgery, blood transfusion) which a medical practitioner may deem necessary or advisable for the treatment of any illness or injury suffered by the applicant during this youth exchange. In the event of an accident or sickness, your signature on this document hereby authorizes any Rotarian, authorized chaperone of program activities, and/or host parent(s) of your child to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment. Your signature further gives consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for your child in any emergency situation. You will be notified as soon as possible, but emergency treatment will not be delayed to provide such notice. You also agree and understand that you are responsible for the full cost of all medical treatments, hospitalization, lodging, transportation and any other related costs.

Declaration

In consideration of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and 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 sponsoring Rotary clubs and districts, and of Rotary International, from any and 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 this Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understand the above regulations. We agree to abide by these rules and conditions and understand that any violation may result in abrupt termination of the exchange, and we further agree that the host Rotary Club and host Rotary District shall have final authority in enforcing these rules and conditions and any other rules and conditions which may be imposed with due notice.

The undersigned applicant, parents or legal guardians attest that the student is of good health and character, and understands the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of their ability, maintain the high standards required of a Rotary Youth Exchange student. All those signing this document further state that the information provided in this application and the attached documents is true and accurate to the best of their knowledge.

Signatures:

Print Applicant Name:	Applicant Signature	Date
Print Father Name	Father/Parent/Guardian Signature	Date
Print Mother Name	Mother/Parent/Guardian Signature	Date