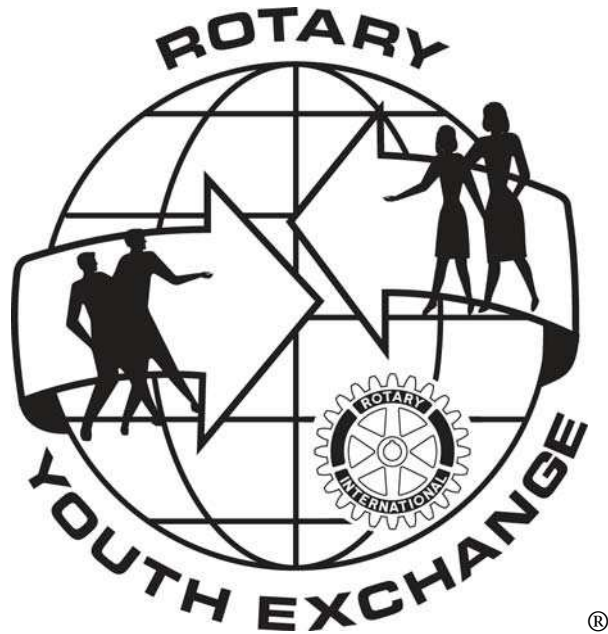

Rotary Youth Exchange Long-Term Program Application



Submit completed application to:

Your Sponsoring Rotary Club Youth Exchange Officer (or as otherwise directed)

Instructions for Rotary Youth Exchange Program Application

Read all directions on each page carefully **before** completing the application. Use the checklist on the inside back cover 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.

Components of Your Application

Your application consists of:

- All forms in this application
- Copies of your passport or birth certificate
- Copies of your school transcript

Filling Out Your Application

Your application **must be legible. Typed or computer-generated applications are strongly preferred.** 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.

Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate.**

Printing Your Application and Signing the Forms

You will need to submit four complete sets (**your original plus three photocopies**) of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good-quality photocopies. **All signatures on all sets must be ORIGINAL and with BLUE ink.** To accomplish this:

1. Complete the application form. Do not sign it.
2. Print four sets of the completed application (if using a typewriter, make three good-quality photocopies of your original).
3. Sign all four sets yourself, then have your parents/legal guardians sign all sets.
4. Medical and dental forms: Ask your physician and dentist to make three copies of the completed medical/dental form *before* signing it and then to sign each copy in blue ink. (It's a good idea to include a blue pen when you give them the form.)

The photo of yourself that you attach to Section A, page 1, must be an original photograph, not a color photocopy, on all four sets. The photos that you submit for Section B, page 2, must include at least one set of originals. The other three sets may be good-quality color photocopies.

Questions?

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

District 5040 : Attach any additional instructions. If none, please check here:

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

Adopted by the Rotary International Board of Directors, November 2006



Rotary District 5040
Long-Term Exchange Program



Section A: Personal Information

Before you begin your application, please read all instructions on the prior pages.

Smile!

Attach a recent, good-quality color photo of yourself (head and shoulders). Original photos must accompany all four sets of the application.

Attach photo with glue or double-sided tape; do not staple.

Size: 2 x 2½ in. (5 x 6.5 cm)

1. Applicant Information

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|--------------------------------------------|---------------------------------|
| 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 | | <input type="checkbox"/> Male |
| | | | | <input type="checkbox"/> Female |
| 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>e.g., 01/Jan/1999</i>) | |

2. Parent/Legal Guardian Information

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------|-----------------------------|---------|--|
| Full Name of Father/Legal Guardian | | Rotarian? | If yes, name of Rotary Club | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Address – Street | City | State/Province | Postal Code | Country | |
| E-mail Address | Home Phone Number | | Mobile Phone Number | | |
| Occupation | Business Phone Number | | Fax Phone Number | | |
| Full Name of Mother/Legal Guardian | | Rotarian? | If yes, name of Rotary Club | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Address – Street | City | State/Province | Postal Code | Country | |
| E-mail Address | Home Phone Number | | Mobile Phone Number | | |
| Occupation | Business Phone Number | | Fax Phone Number | | |
| Parent/legal guardian to contact first in the event of an emergency (<i>specify "Father", "Mother", etc.</i>): | | | | | |
| <input type="checkbox"/> Check here if your parents are divorced or separated. <i>Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.</i> | | | | | |

3. Siblings (add pages as necessary)

| Name | Gender | Age | Occupation or School Grade/Level | Living at Home? |
|------|---------------------------------------------------------------|-----|----------------------------------|----------------------------------------------------------|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|----------------|
| Applicant Name |
|----------------|

4. Personal Background

| | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Religion | Dietary Restrictions (<i>Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...</i>) |
| Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain. |
| Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain. |
| Have you ever used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain. |
| Do you have a steady boy/girlfriend? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how long have you been together, and how often do you go out? |

Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.

5. Secondary School Information

| | | | | | | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|--|----------------------------------------------------------------------------|-------------|---------|
| Name of Secondary School You Currently Attend | | School Phone Number | | School Fax Number | | |
| Address – Street | | City | | State/Province | Postal Code | Country |
| Number of grades/levels at your school | Your current grade level (<i>e.g., 10th, 11th</i>) | Year you will finish secondary school | | No. of years you've attended this school | | |
| List the courses you are currently taking | | | | | | |
| <i>Consult with a school official or guidance counselor to find out the following information:</i> | | | | | | |
| Total number of students at your school | | Number of students in your grade level | | Your approx. class ranking (<i>e.g., top 10%, 12th of 56</i>) | | |
| Name and title of school official or counselor that you consulted | | | | E-mail address of school official or counselor | | |

Attach a transcript, in English, of all secondary school courses completed with grades you received. Also attach your most recent grade report from the current year.

6. Languages

| Your Native Language | | Proficiency in Non-Native Language(s) <i>(indicate Poor, Fair, Good, or Fluent)</i> | | |
|------------------------|---------------|-----------------------------------------------------------------------------------------------|---------|---------|
| Non-Native Language(s) | Years Studied | Speaking | Reading | Writing |
| | | | | |
| | | | | |
| | | | | |

7. Sponsor District and Club Contacts

| | | | | | | |
|-----------------------------------|-----------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------|-------------------|
| Sponsor District Number 5040 | | Name of Sponsor District Youth Exchange Chair Kevin Davie | | E-mail Address kevindavie@dccnet.com | | |
| Address – Street PO Box 1345 | | City Sechelt | | State/Province BC | Postal Code V0N 3A0 | Country Canada |
| Home Phone Number 604-885-8267 | Business Phone Number | | Mobile Phone Number 604-885-8267 | | Fax Number | |
| Sponsor Rotary Club | | Name of Sponsor Club Youth Exchange Officer | | E-mail Address | | |
| Address – Street | | City | | State/Province | Postal Code | Country |
| Home Phone Number | Business Phone Number | | Mobile Phone Number | | Fax Number | |



Rotary District 5040

Applicant Name

Long-Term Exchange Program

Section B: Letters and Photos

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses).

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your name on each. Attach your letter to this page. Maximum length: 3 pages.

1. What do you do when you have free time?
2. What you do at your school? (*How many subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you wake-up and discuss only one typical day's schedule.*) Are you able to choose courses at your school? If so, which courses did you choose, and why?
3. What are your school interests and activities? What leadership positions have you held?
4. How would you describe your home? (*Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus, or walk to school?*)
5. What are the occupations of your mother and father? (*What product or service does each make or perform? What is her/his position or title?*)
6. How would you describe your community? (*Is it in or near a major city? What is the population? industry? economy?*)
7. What are your interests and accomplishments? (*Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?*)
8. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?
9. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
10. What do you feel are your strong, and weak, characteristics?
11. What are your plans and ambitions for your education and career? Why?
12. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter

Write a letter to your child's host club and families, incorporating your answers to the following questions in your letter.

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your child's name on each. Attach your letter to this page. Maximum length: 2 pages.

1. How would you describe your child's relationship with you and your family? with his/her friends?
2. How does your child react to disagreement, discipline, and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of independence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. Are there any other comments you would like to share with the host families?

Applicant Name

Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, if necessary. At least one application set must have original photographs; color photocopies or computer prints may be used on the other three sets.

| MY FAMILY | MY SPECIAL INTEREST |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <p data-bbox="370 667 578 789"><i>Photo that includes members of your immediate family</i></p> | <p data-bbox="1008 667 1292 789"><i>Photo of you participating in your favorite hobby or activity</i></p> |
| SOMETHING IMPORTANT TO ME | MY HOME |
| <p data-bbox="334 1465 613 1541"><i>Photo of your friends, pet, musical instrument, etc.</i></p> | <p data-bbox="1040 1444 1260 1562"><i>Photo of your house or building where you live</i></p> |



Rotary District 5040

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

Long-Term Exchange Program

Section C: Medical History and Examination

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. An immediate relative of the applicant may **not** complete the examination or fill out this form.

*Please type or print clearly. Please submit four copies of the form, with original signatures in **blue** ink on each copy.*

| | | | | | |
|-----------------------------|--|-------------------|----------------|-------------------------------|---------------------------------|
| Applicant's Full Legal Name | | Date of Birth | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 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: | | | | | |
| | Yes | No | | Yes | No |
| a. Allergies | <input type="checkbox"/> | <input type="checkbox"/> | n. Malaria | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anorexia/bulimia/other eating disorder | <input type="checkbox"/> | <input type="checkbox"/> | o. Menstrual disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appendicitis | <input type="checkbox"/> | <input type="checkbox"/> | p. Mental disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | q. Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | r. Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | s. Serious headache/migraine | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cancer | <input type="checkbox"/> | <input type="checkbox"/> | t. Stomach ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | u. Typhoid fever | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Epilepsy/seizures | <input type="checkbox"/> | <input type="checkbox"/> | v. Urinary tract infection | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Hearing loss | <input type="checkbox"/> | <input type="checkbox"/> | w. Vertigo/dizziness | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | x. Visual correction – eyeglasses/contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Hernia | <input type="checkbox"/> | <input type="checkbox"/> | y. Visual problems – other | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Liver disease/hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. Has the applicant: | | | | | |
| 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? | | | Yes | No | |
| 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: | | | | | |
| Question (e.g., 2e) | Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment | | | Dates and duration | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|----------------|--|
| Applicant Name | |
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| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 4. Will the applicant be bringing any prescribed medication on the exchange? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| | | |
| | | |

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------|--|-------------|--|---------------|--|----------------------------|--|
| 5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not): | | | | | | | |
| Measles (rubeola) | | Mumps | | Hepatitis | | Whooping cough (pertussis) | |
| Rubella (German measles) | | Chicken pox | | Scarlet fever | | Other: | |

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------|--------------------------------------------------|------------------------|----------------------------------|
| 6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received): | | | | | |
| <i>Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.</i> | | | | | |
| Immunization | Number of Doses | Dates (e.g., 01/Jan/2006) | Immunization | Number of Doses | Dates (e.g., 01/Jan/2006) |
| Diphtheria | | | Measles (rubeola) | | |
| Whooping cough (pertussis) | | | Polio (Sabin-3 or more TOPV, Salk-4 or more IPV) | | |
| Tetanus | | | Hepatitis B | | |
| Rubella (German measles) | | | Other (specify) _____ | | |
| Mumps | | | | | |

Additional comments:

| | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test. | |
| Date of screening (e.g., 01/Jan/2006) _____ | 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: |

Physical Examination

| | | | | | | | |
|--------------------------------------------------------------------|---------------------------------------------------|--------------------------|---------------------------------------------------|------------------------|---------------------------------------------------|----------------|---------------------------------------------------|
| Height: | Weight: | Blood Pressure: Sys. | Dia. | Pulse rate/minute: | | | |
| 8. Does today's examination show any abnormal findings for: | | | | | | | |
| | Yes No | | Yes No | | Yes No | Yes No | |
| Head and neck | <input type="checkbox"/> <input type="checkbox"/> | Heart (murmur, pressure) | <input type="checkbox"/> <input type="checkbox"/> | Extremities (muscular) | <input type="checkbox"/> <input type="checkbox"/> | Abdomen (mass) | <input type="checkbox"/> <input type="checkbox"/> |
| Ear, nose, throat | <input type="checkbox"/> <input type="checkbox"/> | Hernias | <input type="checkbox"/> <input type="checkbox"/> | Skeletal system | <input type="checkbox"/> <input type="checkbox"/> | Rectal | <input type="checkbox"/> <input type="checkbox"/> |
| Chest/lungs | <input type="checkbox"/> <input type="checkbox"/> | Lymph nodes/breasts | <input type="checkbox"/> <input type="checkbox"/> | Neurological | <input type="checkbox"/> <input type="checkbox"/> | Skin | <input type="checkbox"/> <input type="checkbox"/> |
| | | Genitalia | <input type="checkbox"/> <input type="checkbox"/> | | | | |

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 program

Suffering from mental or medical condition(s) as noted in my report

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's Name (type or print) | Signature (in blue ink) | Date (e.g., 01/Jan/2006) |
|----------------------------------|-------------------------|--------------------------|

| |
|-----------------------------------------------------|
| Physician's address, phone, and fax (type or stamp) |
|-----------------------------------------------------|



Rotary District 5040

| | |
|----------------|--|
| Applicant Name | |
|----------------|--|

Long-Term Exchange Program

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.

*Please type or print clearly. Please submit four copies of form, with original signatures in **blue** ink on each copy.*

| | | | | |
|-----------------------------|-------------------|----------------|---------------------|---------------------------------|
| Applicant's Full Legal Name | | Date of Birth | | <input type="checkbox"/> Male |
| | | | | <input type="checkbox"/> Female |
| Home Address – Street | City | State/Province | Postal Code | Country |
| E-mail 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): | | |

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's Name (type or print) | Signature (in blue ink) | Date (e.g., 01/Jan/2006) |
|--------------------------------|-------------------------|--------------------------|
| | | |

Dentist's address, phone, and fax (type or stamp)

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



Rotary District 5040

| | |
|----------------|--|
| Applicant Name | |
|----------------|--|

Long-Term Exchange Program

Section E: Guarantee Form and Visa Application

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|------------------------------------------------------------------|---------------------|------------------------------------------------------------------|
| 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 | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 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>e.g., 01/Jan/1999</i>) |
| Sponsor Rotary District 5040 | Host Rotary District | Host Country | Arrival Airport in Host Country (<i>name and abbreviation</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; and (4) not request permission to stay in my host country, and return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above named applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident insurance; (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 **PARENTS/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.

| | | | | | |
|----------------------------------------------|--|--------------------------|------------|--------|--|
| Signed (Applicant) | | Date (e.g., 01/Jan/2006) | | | |
| Signed (Father/Guardian) | | Date (e.g., 01/Jan/2006) | Home Phone | E-mail | |
| Signed (Mother/Guardian) | | Date (e.g., 01/Jan/2006) | Home Phone | E-mail | |
| Witness (Sponsor Rotary club representative) | | Date (e.g., 01/Jan/2006) | Home Phone | E-mail | |

(C) ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY, OTHER THAN A PARENT/GUARDIAN

| | | | | | |
|-----------------------|-------------------|------|-----------------------|-------------|---------------------|
| Name | | | Relationship | | |
| Home Address – Street | | City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number | | Business Phone Number | | Mobile Phone Number |

(D) 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 # 5040 | | Sponsor Club Name | | | Sponsor Club ID # | |
| Name of District Youth Exchange Chair Kevin Davie | | Name of Sponsor Club President | | Name of Sponsor Club <input type="checkbox"/> Secretary <input type="checkbox"/> YEO | | |
| E-mail Address of District Youth Exchange Chair kevindavie@dccnet.com | | E-mail Address of Sponsor Club President | | E-mail Address of Sponsor Club Secretary/YEO | | |
| Signature of District Youth Exchange Chair | | Signature of Sponsor Club President | | | Signature of Sponsor Club Secretary/YEO | |
| Date | Home Phone Number 604-885-8267 | Date | Home Phone Number | Date | Home Phone Number | |

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

(E) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.

| | | | | | |
|-------------------------------------------------|----------------------------|---------------------------------------|-------------------|-----------------------------------------------------------------------------------|-------------------|
| Host Country | | Host Club Name | | Host Club ID # | |
| Host District # | Monthly Allowance US \$ | Arrival Airport in Host Country | | Airport Code | |
| Name of District Youth Exchange Chair | | Name of Host Club President | | Name of Host Club <input type="checkbox"/> Secretary <input type="checkbox"/> YEO | |
| E-mail Address of District Youth Exchange Chair | | E-mail Address of Host Club President | | E-mail Address of Host Club Secretary/YEO | |
| Signature of District Youth Exchange Chair | | Signature of Host Club President | | Signature of Host Club Secretary/YEO | |
| Date | Home Phone Number | Date | Home Phone Number | Date | Home Phone Number |

(F) HOST CLUB COUNSELOR (required)

| | | | | | |
|-------------------|-----------------------|---------------------|----------------|-------------|---------|
| Name | | E-mail Address | | | |
| Address – Street | | City | State/Province | Postal Code | Country |
| Home Phone Number | Business Phone Number | Mobile Phone Number | | Fax Number | |

(G) SCHOOLING GUARANTEE

(To be completed by the school the applicant will attend in host country.) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant or his/her parents/guardians.

| | | | | | |
|---------------------------------------|-----------------------------------|--------------|--------------------------|--------------------|---------|
| Name of School | | Phone Number | Fax Number | Date School Starts | |
| Address – Street | | City | State/Province | Postal Code | Country |
| Affix School's Stamp or Official Seal | Name and Title of School Official | | Signature | | |
| | E-mail Address | | Date (e.g., 01/Jan/2006) | | |

(H) FIRST HOST FAMILY (required)

| | | | | | |
|-----------------------------------|------------------------------------------------|------------------------------|----------------|----------------|--------------|
| Name of Host Father | | Host Father's E-mail Address | | Business Phone | Mobile Phone |
| Name of Host Mother | | Host Mother's E-mail Address | | Business Phone | Mobile Phone |
| Host Family Home Address – Street | | City | State/Province | Postal Code | Country |
| Home Phone Number | Names and Ages of any Other Adults in the Home | | | | |

Student: Please submit this form with the rest of the completed application to your local Rotary club or district. Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

| |
|----------------------------------------------------------------------------------------------------------------------|
| Host District: Please return two originals of the completed Guarantee Form to the Sponsor District, as below: |
| Mrs. Sue Godey 2520 Boswell Avenue North Vancouver, BC, Canada V7H 1L7 |

| |
|------------------------------------------------------------------------------------------------------------------------|
| Sponsor District: Please mail one copy of the fully completed Guarantee Form to Rotary International, as below: |
| Youth Exchange Rotary International One Rotary Center 1560 Sherman Avenue Evanston, IL 60201-3698 USA |



Long-Term Exchange Program

Section F: Rules and Conditions of Exchange

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 travel insurance that provides medical and dental 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 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.
- 13) 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.
- 14) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 15) 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.
- 16) 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.
- 17) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 18) 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 it.
- 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.

| | |
|----------------|--|
| Applicant Name | |
|----------------|--|

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her 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 sponsor Rotary clubs and districts, and of Rotary International, from any or 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 such 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 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.

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.
- 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 beyond those covered by insurance for any medical treatment rendered.

| | |
|-----------------------------------------------------------------------|-----------|
| Applicant (print name) | Signature |
| Mother/Legal Guardian (print name) | Signature |
| Father/Legal Guardian (print name) | Signature |
| Witnessed in the presence of Sponsor Club Representative (print name) | Signature |
| Dated this _____ Day of _____ Month, _____ Year. | |

Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

| | | | | | |
|-----------------------|-------------------|-----------------------|---------------------|-------------|---------|
| Name | | Relationship | | | |
| Home Address – Street | | City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number | Business Phone Number | Mobile Phone Number | | |

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

Adopted by the Rotary International Board of Directors, November 2006



Rotary District 5040

Long-Term Exchange Program

Section G: Secondary School Personal Reference

Student: Complete the top section of this form, then give the form and a stamped envelope, preaddressed to the Rotary club or district to which you are submitting your application, to a teacher or administrator who knows you and your abilities and accomplishments at school. By so doing, you give permission to that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

| | | | | |
|-----------------------------|-------------------|----------------|---------------------|---------------------------------|
| Applicant's Full Legal Name | | Date of Birth | | <input type="checkbox"/> Male |
| | | | | <input type="checkbox"/> Female |
| Home Address – Street | City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number | | Mobile Phone Number | |

Evaluator: This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and forward this form within seven days of receipt in the preaddressed envelope provided. The information you submit *will not be revealed to the student*, unless required by law.

1. Ratings

| Area | Excellent | Good | Average | Below Average | No Basis to Rate |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Creative, original thought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independence, initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Openness to new ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility, adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential for growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplined habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language? Yes No

3. Do you believe the applicant's parents/legal guardians support his/her wish to spend time abroad? Yes No Not Sure

Please use the reverse side of this form to explain your answers to questions 2 and 3, and add any additional comments on the applicant's suitability as an exchange student and cultural ambassador.

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>RECOMMENDATION</p> <p>I recommend this student as a future Rotary Youth Exchange student (<i>check one</i>):</p> <p><input type="checkbox"/> Strongly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> No Opinion <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Strongly Do Not Recommend</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------|-------------------------|--------------------------|
| Name and Title (type or print) | Signature (in blue ink) | Date (e.g., 01/Jan/2006) |
| Name of School | Phone | E-mail |

DO NOT RETURN THIS FORM TO THE STUDENT.



Rotary District 5040

| | |
|----------------|--|
| Applicant Name | |
|----------------|--|

Long-Term Exchange Program

Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must have original signatures signed in BLUE ink; all photographs must be originals or good-quality color photocopies, unless otherwise instructed.

| Sec. Component | Set 1 | Set 2 | Set 3 | Set 4 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A <i>Personal Information</i> pages completed with photo attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B <i>Letters</i> completed and inserted, and <i>Photos</i> (4) attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C <i>Medical History and Examination</i> completed and signed by physician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D <i>Dental Examination</i> completed and signed by dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E <i>Guarantee Form</i> signed by student and parents/legal guardians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F <i>Declaration and Permission for Medical Care and Release of Medical Records and Liability</i> signed by student and parents/guardians; Alternate Emergency Contact data provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Copy of school transcript | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Copy of passport/birth certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Secondary School Personal Reference form (Section G) and preaddressed stamped envelope **given to your teacher or administrator** (*do not* submit this form with your application). Only one copy required.

When you have completed entry of the required fields in the form, you are ready to print the document. Then you can write your letters, add your photos, get additional information and signatures where required, and use this checklist to make sure everything is complete. To print this document, click the button below. If it is your final version, be sure to print four copies.