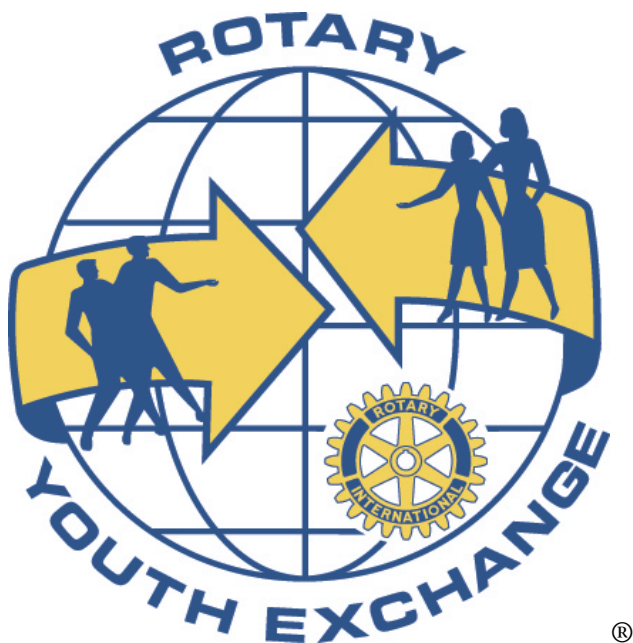

Central States Rotary Outbound Exchange Program, LLC 2012 Outbound Student Long-Term Program Application



Submit completed application to:

Instructions for Central States Rotary Outbound Exchange Program, LLC 2012 Outbound Student 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**, obtained **all necessary signatures** and provided all the **additional documents required**.

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 starting with Section A, Page 1 of 2 thru Section I, Page 1 of 1.
- Copies of your **full birth certificate** that clearly shows your **parents on it** and a copy of your passport if you have one already.
- Copies of your school grades (**for 7th and 8th grades**) or transcripts (**for 9th, 10th and 11th grades**) for the **past TWO full school grades** you have attended.

SEE THE CHECKLIST ON THE LAST PAGE OF THIS PACKET FOR INSTRUCTIONS REGARDING FORM REQUIREMENTS

Filling Out Your Application

BEFORE BEGINNING THIS APPLICATION, OBTAIN THE LOCAL CLUB & DISTRICT INFORMATION NECESSARY FOR SECTIONS A & G – THIS NEEDS TO BE TYPED IN THE APPLICATION

Your application **must be Computer-Generated or typed– NO handwritten applications will be accepted**. Answer all questions completely and as asked (**do not write “same,” “see above,” or “see page”**). Enter your information directly on the application unless directed otherwise. Make sure to use correct grammar and spelling. NO box should be left blank.

Wherever the application asks for your full legal name, enter your name **exactly as it appears on your birth certificate and/or your passport, WITH YOUR LAST NAME IN ALL CAPS**.

When putting the applications together, only use paper clips - NO STAPLES.

Printing Your Application and Signing the Forms

You will need to submit **ONE** complete set (**INCLUDING 2 EXTRA ORIGINALS OF SECTIONS E AND G**) of this application. (You should make one additional set for your own records.) **All signatures on all pages must be ORIGINAL and signed in BLUE Ink**. To accomplish this:

1. Complete the entire application form. Do not sign it.
2. Print the extra sets of Sections E and G (if using a typewriter, make good-quality color photocopies of your original).
3. You and your **BIOLOGICAL parents and/or LEGAL guardians (no STEP PARENTS)** should take your application to your Rotary representative to review and **have them witness you and your biological parents sign the applications**. (In case of divorce, you must have both of your **biological parents sign**, or, submit a **Court Order** authorizing that only **One Parent** has the authority to make the decision for you to participate in the exchange. **If either parent has any visitation rights during the year, that parent must provide a signed, notarized waiver of their rights to visitation for the duration of your exchange. A letter drafted and notarized on an attorney’s stationary will be needed to verify the waiving of any biological parental rights. Applications won’t be processed without this proper documentation being provided when you submit the application.**
4. Medical and dental forms: Ask your physician and dentist to **sign their respective sections in Blue Ink**. (You should include a **Blue Pen** when you give them the form.)
5. **ALL School Grades and/or Transcripts, Birth Certificates, and Language Proficiency Letters MUST be TRANSLATED into ENGLISH.**

The photo of yourself that you attach to Section A, Page 1, **must be an original color photograph of you, only**. The photos that you submit for Sections A and B, must be original color photos glued to the page, or digitally inserted, but must be **sized and/or fit** into the designated boxes.

Questions?

If you have any questions about completing this application, check with your local Rotary Club Youth Exchange Officer and/or the District Outbound Coordinator. Once you’ve completed your application, return it to your local Rotary club and/or district as they’ve instructed.

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



Outbound Student Long-Term Exchange Program

Section A: Personal Information

Before you begin your application, please

Read all instructions on the prior pages.

| | |
|-------------------------------|--|
| Rotary District Number | |
|-------------------------------|--|

Smile!

Attach a recent, good-quality color photo of yourself (head and shoulders) which could be a **Color PASSPORT PHOTO** Original (glued) or digitally-inserted photo must fit in this box.

Do Not Staple! PASSPORT PICTURE SIZE: 2" X 2"

1. Applicant Information

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------|--|
| Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY NAME ; e.g., John David SMITH) | | | | | |
| Name You Wish to be Called | <input type="checkbox"/> Male <input type="checkbox"/> Female | Biological Parent/Legal Guardian to contact first in the event of an emergency. Check the box that applies. | <input type="checkbox"/> Mother <input type="checkbox"/> Father | | |
| Home Address – Street | City | State/Province | Postal Code | Country | |
| Postal Address (if different) - Street | City | State/Province | Postal Code | Country | |
| E-mail Address | Home Phone Number (e.g., +1-920-555-1212) | | Cell Phone Number (e.g., +1-920-555-1212) | | |
| Place of Birth (City, State/Province, Country) | | Citizen of (Country) | Date of Birth (e.g., 01/Jan/1996) | | |

2. Biological Parent and/or Legal Guardian Information (Don't list your Step Father or Step Mother)

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|---------|--|
| FULL LEGAL NAME OF BIOLOGICAL FATHER AND/OR LEGAL GUARDIAN | | Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of Rotary Club | | |
| Address – Street | City | State/Province | Postal Code | Country | |
| E-mail Address | Home Phone Number (e.g., +1-920-555-1212) | | Cell Phone Number (e.g., +1-920-555-1212) | | |
| Occupation | Work Phone Number (e.g., +1-920-555-1212) | | Fax Phone Number (e.g., +1-920-555-1212) | | |
| FULL LEGAL NAME OF BIOLOGICAL MOTHER AND/OR LEGAL GUARDIAN | | Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of Rotary Club | | |
| Address – Street | City | State/Province | Postal Code | Country | |
| E-mail Address | Home Phone Number (e.g., +1-920-555-1212) | | Cell Phone Number (e.g., +1-920-555-1212) | | |
| Occupation | Work Phone Number (e.g., +1-920-555-1212) | | Fax Phone Number (e.g., +1-920-555-1212) | | |
| <input type="checkbox"/> Check here if your parents are divorced or separated. Authorizations must be obtained from all biological parents and/or legal guardians who have any legal visitation rights that would affect the decision allowing the student's participation in this program. (See INSTRUCTION PAGE for further details.) | | | | | |

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 |
| | <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's Full Legal 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? |
| <i>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.</i> | |

5. Secondary School Information

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|--|
| Name of Secondary School You Currently Attend | | School Phone Number (<i>e.g., +1-920-555-1212</i>) | | School Fax Number (<i>e.g., +1-920-555-1212</i>) | |
| 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 | Number of years you've attended this school | | |
| List the courses you are currently taking | | | | | |
| Consult with a school official or guidance counselor to find out the following information: (You MUST be in the UPPER 50% of your class and/or have a cumulative GPA of no less than 2.75 to qualify for this exchange program) | | | | | |
| Total number of students at your school | | Number of students in your grade level | | Your class ranking (<i>e.g., top 10%, 12th of 56 and/or your GPA</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, for your last two completed years of school – for example: Provide your 7th and 8th grades if you are in 9th grade now; provide your 8th and 9th grades if you are in 10th grade now; provide your 9th and 10th grades if you are in 11th grade now; etc.. | | | | | |

6. Languages - Include a letter of proficiency provided by teacher or instructor for any non-native language. The letter for language proficiency must be on school or instructor's letterhead for EACH language you list as Non-Native Language below! No Exceptions!

| | | | | |
|---------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------|----------------|----------------|
| Your Native Language: | | Proficiency in Non-Native Language(s) (<i>indicate Poor, Fair, Good, or Fluent</i>) | | |
| Non-Native Language(s) <i>Class completed prior to August/2012</i> | Number of Years Studied | Speaking | Reading | Writing |
| | | | | |
| | | | | |

7. Sponsoring District and Rotary Club Contacts

| | | | | | |
|-----------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|-------------|--|
| Sponsoring District Number | | Name of District Rotary Youth Exchange Chair | | | |
| Address – Street | | E-mail Address | | | |
| City | | State/Province | | Postal Code | |
| | | Country | | | |
| Home Phone Number (<i>e.g., +1-920-555-1212</i>) | Work Phone Number (<i>e.g., +1-920-555-1212</i>) | Cell Phone Number (<i>e.g., +1-920-555-1212</i>) | Fax Number (<i>e.g., +1-920-555-1212</i>) | | |
| Sponsoring Rotary Club | | | Name of Sponsoring Rotary Club Youth Exchange Officer | | |
| Address – Street | | E-mail Address | | | |
| City | | State/Province | | Postal Code | |
| | | Country | | | |
| Home Phone Number (<i>e.g., +1-920-555-1212</i>) | Work Phone Number (<i>e.g., +1-920-555-1212</i>) | Cell Phone Number (<i>e.g., +1-920-555-1212</i>) | Fax Number (<i>e.g., +1-920-555-1212</i>) | | |
| District Chair Signature (Sign In Blue Ink Only) | | | Rotary Youth Exchange Officer Signature (Sign In Blue Ink Only) | | |



Rotary District

Applicant's Full Legal Name

Long-Term Exchange Program

Section B: Letters and Photos

This page must be included as part of your application

Student's Letter

Write a letter introducing yourself to your future host Rotary 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. **INCLUDE APPLICANT'S FULL NAME AND DISTRICT NUMBER ON THE TOP RIGHT CORNER OF EACH PAGE.** Maximum length: 3 pages. **NO double-sided 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 Rotary club and host families, incorporating your answers to the following questions in your letter.

Specifications: Type your letter on a separate sheet (or sheets) of paper. **INCLUDE APPLICANT'S FULL NAME AND DISTRICT NUMBER ON THE TOP RIGHT CORNER OF EACH PAGE.** Maximum length: 3 pages. **NO double-sided 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's Full Legal Name | |
|-----------------------------|--|

Student's Photos

SELECT A COLOR PHOTOGRAPH ON PHOTO QUALITY PAPER FOR EACH TOPIC BELOW. Attach each color photo, on photo-quality paper to this page with glue, or digitally insert into the available spaces. (DO NOT STAPLE). Include brief captions, explaining the contents of the picture. THIS PAGE MUST BE USED FOR YOUR PHOTOS.

| MY FAMILY | MY SPECIAL INTEREST |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><i>Photo that includes all the members of your immediate family; Mom, Dad, Brother, Sisters etc.</i></p> <p style="text-align: center;">THE PHOTO MUST FIT INTO THE SIZE OF THIS BOX AND THE TITLE ABOVE "MY FAMILY" IS SHOWN</p> <p style="text-align: center;">IN THE CASE OF A DIVORCE YOU CAN SHOW TWO SEPARATE PHOTOS OF YOUR PARENTS/FAMILY IF YOU PREFER, BUT THEY BOTH MUST FIT INTO THE SIZE OF THIS BOX.</p> | <p style="text-align: center;"><i>Photo of you participating in your favorite hobby or activity</i></p> <p style="text-align: center;">THE PHOTO MUST FIT INTO THE SIZE OF THIS BOX AND THE TITLE ABOVE "MY SPECIAL INTEREST" IS SHOWN</p> |
| SOMETHING IMPORTANT TO ME | MY HOME |
| <p style="text-align: center;"><i>Photo of your friends, pet, musical instrument, etc.</i></p> <p style="text-align: center;">THE PHOTO MUST FIT INTO THE SIZE OF THIS BOX AND THE TITLE ABOVE "SOMETHING IMPORTANT TO ME" IS SHOWN</p> | <p style="text-align: center;"><i>Photo of your house condo or apartment building where you live</i></p> <p style="text-align: center;">THE PHOTO MUST FIT INTO THE SIZE OF THIS BOX SO THE TITLE ABOVE "MY HOME" IS SHOWN</p> |



Rotary District

| | | |
|--|------------------------------------|--|
| | Applicant's Full Legal 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, psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Full allergy information is especially crucial to host family placement and the student's 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 this form, with original signatures **in Blue Ink.**

| | | | | |
|-----------------------------|------|-------------------------------------------|-------------------------------------------|---------------------------------|
| Applicant's Full Legal Name | | Date of Birth (e.g., 01/Jan/1996) | | <input type="checkbox"/> Male |
| | | | | <input type="checkbox"/> Female |
| Home Address – Street | City | State/Province | Postal Code | Country |
| E-mail Address | | Home Phone Number (e.g., +1-920-555-1212) | Cell Phone Number (e.g., +1-920-555-1212) | |

Medical History

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------|--------------------------|--------------------------|
| 1. How long has the applicant been the patient of this physician or clinic? | | | | | |
| 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. Liver disease/hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anorexia/bulimia/any other eating disorder* | <input type="checkbox"/> | <input type="checkbox"/> | o. Malaria | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appendicitis | <input type="checkbox"/> | <input type="checkbox"/> | p. Menstrual disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | q. Mental disorders* | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | r. Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attention Deficit Disorder * | <input type="checkbox"/> | <input type="checkbox"/> | s. Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | t. Serious headache/migraine | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cancer | <input type="checkbox"/> | <input type="checkbox"/> | u. Stomach ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | v. Typhoid fever | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Epilepsy/seizures | <input type="checkbox"/> | <input type="checkbox"/> | w. Urinary tract infection | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hearing loss | <input type="checkbox"/> | <input type="checkbox"/> | x. Vertigo/dizziness | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | y. Visual correction – eyeglasses/contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Hernia | <input type="checkbox"/> | <input type="checkbox"/> | z. Visual problems – other | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: If you checked "Yes" to any of the above, you MUST explain in the Comment Section at the bottom of the page. Use the Prescription Page (Section C, Page 3) if additional space is needed to explain Yes answers.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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 |
| | <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:

***QUESTIONS 2B, 2F AND 2Q AND 3C REQUIRE A SEPARATE LETTER OF EXPLANATION FROM THE STUDENT'S TREATING PHYSICIAN.**

| Question (e.g., 2e) | Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment | Dates and duration |
|---------------------|--------------------------------------------------------------------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

| | |
|------------------------------------|--|
| Applicant's Full Legal Name | |
|------------------------------------|--|

4. 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. THE PHYSICIAN MUST PROVIDE A PRESCRIPTION -- MUST BE PLACED ON THE PRESCRIPTION PAGE, Section C, Page 3 of 4 of this application.

| Prescribed Medication | Dose and Frequency | Explain the Reason for Using this Medication |
|-----------------------|--------------------|----------------------------------------------|
| | | |
| | | |
| | | |

5. Check YES or NO if the applicant had the following infectious diseases: assuming YES, indicate what year the applicant had it.

| | | | | | | | |
|--------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------|------|---------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------|------|
| Measles (rubella) <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Whooping cough (pertussis) <input type="checkbox"/> Yes <input type="checkbox"/> No | Date |
| Rubella (German measles) <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Chicken pox <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Scarlet fever <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Other: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date |

6. The applicant has been immunized against the following diseases (clearly state the dates of doses received including your last booster): Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.

| Immunization | Number of Doses | Dates (e.g., 01/Oct/2010) |
|--------------------------------------------------|-----------------|------------------------------|
| Diphtheria | | |
| Whooping cough (pertussis) | | |
| Tetanus | | |
| Rubella (German Measles) | | |
| Mumps | | |
| Measles (Rubeola) | | |
| Polio (Sabin-3 or more TOPV, Salk-4 or more IPV) | | |
| Hepatitis B | | |
| Other (specify) _____ | | |

Additional comments:

7. Tuberculosis screening: The applicant MUST present evidence of a Mantoux/PPD skin test within THREE (3) months of this application.

Date of screening (e.g., 01/Aug/2012) _____ 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: | | | | | | | | | | | |
| Head and neck | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Heart (murmur, pressure) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Extremities (muscular) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Abdomen (mass) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ear, nose, throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hernias | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Skeletal system | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Rectal | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chest/lungs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Lymph nodes/breasts | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Neurological | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Skin | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | Genitalia | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | |

If you answer YES to any of the questions in number 8, YOU MUST 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 right 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 on the attached page(s) if needed.

- I find the applicant:
- 1.) YES No In good health and not suffering from any mental or medical condition(s) that would preclude participation in the exchange program
 - 2.) YES No Free from any mental or medical condition(s) not already noted on this Section C, Medical History and Examination.
 - 3.) YES No 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 during their exchange year.

| | | |
|----------------------------------------------|-------------------------------------|---------------------------------|
| Physician's Name (Type or Print name) | Signature (Sign in Blue Ink) | Date (e.g., 01/Oct/2010) |
|----------------------------------------------|-------------------------------------|---------------------------------|

Physician's address, phone, and fax (Type or Stamp)



| | | | |
|-----------------|--|-----------------------------|--|
| Rotary District | | Applicant's Full Legal Name | |
|-----------------|--|-----------------------------|--|

Long-Term Exchange Program

Supplemental Medication Prescription Form

Use this form to attach any **original prescriptions** for the medications listed in Section C, Page 2, Question 4 that you will be taking on your exchange. You need to have your medical doctor write out your prescription on a medical prescription pad. Glue or securely tape the prescription(s) **to this page**.

****Include this page with your application even if not used**** Indicate "NONE" on this page if not using for additional explanation or for attaching prescriptions.

You can also use this space to explain any yes answers from Section C, Page 1 & 2 if additional space is needed.



| | | | |
|-----------------|--|-----------------------------|--|
| Rotary District | | Applicant's Full Legal Name | |
|-----------------|--|-----------------------------|--|

Long-Term Exchange Program

Supplemental Eyeglasses and Contacts Prescription Form

Use this form to attach the **original prescription(s)** for your **eye glasses** and/or your **contacts** listed in **Section C, Page 1, Question 2Y** that you will be taking on your exchange. You need to have your eye doctor write out your prescription on a prescription pad. Glue or tape the prescription(s) **to this page**

****Include this page with your application even if not used****

Indicate "NONE" on this page, if not attaching a prescription.



| | | |
|-----------------|--|-----------------------------|
| Rotary District | | Applicant's Full Legal 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 original signatures in Blue Ink.

| | | | | |
|-------------------------------------------|---------|-------------------------------------------|----------------|---------------------------------|
| Applicant's Full Legal Name | | Date of Birth (e.g., 01/Jan/1996) | | <input type="checkbox"/> Male |
| | | | | <input type="checkbox"/> Female |
| Home Address – Street | | City | State/Province | |
| Postal Code | Country | E-mail Address | | |
| Home Phone Number (e.g., +1-920-555-1212) | | Cell Phone Number (e.g., +1-920-555-1212) | | |

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 name) | Signature (Sign in Blue Ink) | Date (e.g., 01/Oct/2010) |
|-------------------------------------|------------------------------|--------------------------|
| | | |

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:).



Long-Term Exchange Program

Section E: 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 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 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.

****Include this page with your application****

| | |
|------------------------------------|--|
| Applicant's Full Legal 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. (See below). 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 (Type and/or Print Full Legal Name) | Signature : Sign in blue ink |
| Biological Mother and/or Legal Guardian (Type and/or Print Full Legal Name) | Signature : Sign in blue ink |
| Biological Father and/or Legal Guardian (Type and/or Print Full Legal Name) | Signature : Sign in blue ink |
| Witnessed in the presence of Sponsoring Club Representative (Type and/or Print Name and Title) | Signature : Sign in blue ink |
| Dated this _____ Day of _____ Month, _____ Year. | |

Alternative Emergency Contact in Home Country, ADULT NOT LIVING IN YOUR HOME

| | | | |
|------------------------------------------|----------------------------------------------|------------------------------------------|-------------|
| Full Legal Name | | Relationship | |
| Home Address – Street | City | State/Province | Postal Code |
| Country | E-mail Address | | |
| Home Phone Number (e.g.,+1-920-555-1212) | Business Phone Number (e.g.,+1-920-555-1212) | Cell Phone Number (e.g.,+1-920-555-1212) | |

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



Long-Term Exchange Program

Section F: Country Preference Checklist

The undersigned applicant, having carefully considered the areas available for the Rotary Youth Exchange Program, hereby designates his/her placement preference for the exchange year. PLEASE NOTE: the numbers shown in parenthesis behind each country were the approximate number of openings in that country last year. Keep this in mind when making your choices. **(Select your choices by using the numbers 1, 2, 3, 4, etc. in order of preference, please fill in a number for EVERY COUNTRY for which you are ELIGIBLE; see the separate Country Selection Guidelines to determine eligibility). If you are not eligible for a country, put N/A in the box.** Remember, approximately 260+ students are all seeking the same slots.

*Countries with AGE requirements (could be minimum, could be maximum or could be both) have a Blue Asterisk**
Countries that won't accept Vegetarian, Vegan or require the student to have a very flexible diet have a Red Plus sign +
Countries with Language requirements have an X
Countries not accepting students with ADD and/or Depression have a #

EEMA ONE CORRESPONDENT

| | |
|--|---------------------|
| | Denmark (9) * + |
| | Estonia (0) * |
| | Faroe Islands (0) * |
| | Finland (12) * |
| | Greenland (0) * |
| | Iceland (0) * |
| | Latvia (0) * |
| | Norway (1) * |
| | Sweden (4) * + |

EEMA TWO CORRESPONDENT

| | |
|--|----------------------|
| | Belgium (3) * + X # |
| | France (14) * + X # |
| | Italy (6) * + # |
| | Kyrgyzstan (0) * + # |
| | Turkey (5) * + # |

EEMA THREE CORRESPONDENT

| | |
|--|---------------------|
| | Germany (26) * X |
| | Netherlands (1) |
| | Spain (4) * |
| | Switzerland (2) * X |

EEMA FOUR CORRESPONDENT

| | |
|--|-----------------------------------------------|
| | Austria (2) * X # |
| | Croatia (2) * # |
| | Czech Republic and/or Slovak Republic (7) * # |
| | Hungary (2) * X # |
| | Lithuania (2) |
| | Poland (5) * # |
| | Russia (0) * # |
| | South Africa (4) * # |

ASIA PACIFIC NORTH CORRESPONDENT

| | |
|--|-------------------|
| | Japan (6) * |
| | South Korea (4) * |
| | Taiwan (10) * |

ASIA PACIFIC SOUTH CORRESPONDENT

| | |
|--|-----------------|
| | Australia (3) * |
| | India (4) |
| | Indonesia (2) |
| | Malaysia (0) |
| | Philippines (2) |
| | Thailand (15) * |

LATIN AMERICAN ONE CORRESPONDENT

| | |
|--|---------------|
| | Chile (10) * |
| | Columbia (1) |
| | Ecuador (6) * |
| | Mexico (17) * |
| | Peru (7) * |

LATIN AMERICAN TWO CORRESPONDENT

| | |
|--|-------------------|
| | Argentina (3) * X |
| | Bolivia (2) * X |
| | Brazil (31) * X |
| | Paraguay (5) * X |

| | | |
|--------------------------------------------------|-------------------------------|-------------|
| <i>Signature of Applicant (Sign in Blue Ink)</i> | <i>Sponsoring Rotary Club</i> | <i>Date</i> |
|--------------------------------------------------|-------------------------------|-------------|

| | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------|
| <i>Signature of Biological Father and/or Legal Guardian (Sign in Blue Ink)</i> | <i>Signature of Biological Mother and/or Legal Guardian (Sign in Blue Ink)</i> | <i>Date</i> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------|

District Special Recommendation: _____

Print Recommended Country on Line Above

(A letter outlining district recommendation must be submitted by the District Chair listing the specific reasons why)



| | | | |
|-----------------|--|-----------------------------|--|
| Rotary District | | Applicant's Full Legal Name | |
|-----------------|--|-----------------------------|--|

Long-Term Exchange Program

Section G: 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 (<i>e.g.,+1-920-555-1212</i>) | | Cell Phone Number (<i>e.g.,+1-920-555-1212</i>) |
| Place of Birth (<i>City, State/Province, Country</i>) | | | Citizen of (<i>Country</i>) | | Date of Birth (<i>e.g., 01/Jan/1996</i>) |
| Sponsoring Rotary District Number | Host Rotary District Number | 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 sponsoring 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) BIOLOGICAL PARENT/LEGAL GUARDIAN GUARANTEE We, the biological 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 **BIOLOGICAL PARENTS/LEGAL GUARDIANS** hereby agree to the Applicant's and Biological Parents'/Legal 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) (SIGN IN BLUE INK) | | | Date (<i>e.g., 01/Nov/2010</i>) | | |
| Signed (Biological Father and/or Legal Guardian) (SIGN IN BLUE INK) | | Date (<i>e.g., 01/Nov/2010</i>) | E-mail Address | | |
| Signed (Biological Mother and/or Legal Guardian) (SIGN IN BLUE INK) | | Date (<i>e.g., 01/Nov/2010</i>) | E-mail Address | | |
| Witness (Rotary Club Representative) (SIGN IN BLUE INK) | | Date (<i>e.g., 01/Nov/2010</i>) | E-mail Address | | |
| Biological Father Home Phone Number (<i>e.g.,+1-920-555-1212</i>) | | Biological Mother Home Phone Number (<i>e.g.,+1-920-555-1212</i>) | | Rotary Club Rep Home Phone Number (<i>e.g.,+1-920-555-1212</i>) | |

(C) ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY: ADULT NOT LIVING IN YOUR HOME

| | | | | | |
|---------------------------------------------------|---------|-------------------------------------------------------|--|---------------------------------------------------|--|
| Name | | Relationship | | | |
| Home Address – Street | | City | | State/Province | |
| Postal Code | Country | E-mail address | | | |
| Home Phone Number (<i>e.g.,+1-920-555-1212</i>) | | Business Phone Number (<i>e.g.,+1-920-555-1212</i>) | | Cell Phone Number (<i>e.g.,+1-920-555-1212</i>) | |

(D) SPONSORING ROTARY CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her biological 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.

| | | | | | |
|-----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|---------------------------------------------------|
| Sponsoring District Number | | Sponsoring Rotary Club Name | | Sponsoring Club ID Number | |
| Name of District Rotary Youth Exchange Chair | | E-mail Address of District Rotary Youth Exchange Chair | | | |
| Signature of District Rotary Youth Exchange Chair (<i>Sign in Blue Ink</i>) | | | Date (<i>e.g., 01/Nov/2010</i>) | | Home Phone Number (<i>e.g.,+1-920-555-1212</i>) |
| Name of Sponsoring Rotary Club President | | E-mail Address of Sponsoring Rotary Club President | | | |
| Signature of Rotary Club President (<i>Sign In Blue Ink</i>) | | | Date (<i>e.g., 01/Nov/2010</i>) | | Home Phone Number (<i>e.g.,+1-920-555-1212</i>) |
| Name of Sponsoring Rotary Club RYEO and/or Secretary | | E-mail Address of Sponsoring Rotary Club Rotary Youth Exchange Officer and/or Secretary | | | |
| Signature of Rotary Club Rotary Youth Exchange Officer and/or Secretary (<i>Sign In Blue Ink</i>) | | | Date (<i>e.g., 01/Nov/2010</i>) | | Home Phone Number (<i>e.g.,+1-920-555-1212</i>) |

| | |
|------------------------------------|--|
| Applicant's Full Legal 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 Rotary Club Name | | Host Rotary Club ID Number | |
| Host District Number | Monthly Allowance US \$ | Arrival Airport in Host Country | Airport Code | Expected Arrival Date of your Student in our Country | |
| Name of District Youth Exchange Chair | | | Name of Host Club President | | |
| E-mail Address of District Youth Exchange Chair | | | E-mail Address of Host Club President | | |
| Signature of District Youth Exchange Chair (Sign in Blue Ink) | | | Signature of Host Club President (Sign in Blue Ink) | | |
| Date | Home Phone Number (e.g.,+1-920-555-1212) | Date | Home Phone Number (e.g.,+1-920-555-1212) | | |
| Name of Host Rotary Club YEO and/or Club Secretary | | E-mail Address of Host Club Youth Exchange Officer and/or Rotary Club Secretary | | | |
| Signature of Host Rotary Club YEO/Rotary Club Secretary (Sign in Blue Ink) | | Date | Home Phone Number (e.g.,+1-920-555-1212) | | |

(F) HOST CLUB COUNSELOR (required)

| | | | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------|-------------|---------|
| Name | | E-mail Address | | | |
| Address – Street | | City | State/Province | Postal Code | Country |
| Home Phone Number (e.g.,+1-920-555-1212) | Work Phone Number (e.g.,+1-920-555-1212) | Cell Phone Number (e.g.,+1-920-555-1212) | Fax Number (e.g.,+1-920-555-1212) | | |

(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 (Sign in Blue Ink) | |
| E-mail Address | | | | Date (e.g., 01/Nov/2010) | |

(H) FIRST HOST FAMILY (required)

| | | | | | |
|------------------------------------------|------------------------------------------------|------------------------------|-------------------------|-------------|---------|
| Name of Host Father | | Host Father's E-mail Address | | | |
| Name of Host Mother | | Host Mother's E-mail Address | | | |
| Host Family Home Address – Street | | City | State/Province | Postal Code | Country |
| Home Phone Number (e.g.,+1-920-555-1212) | Names and Ages of any Other Adults in the Home | | | | |
| Host Fathers Work Phone | Host Fathers Cell Phone | Host Mothers Work Phone | Host Mothers Cell Phone | | |

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 Rotary International business and not sold to or shared with third parties, unless required by law to be released.

Host District: Please return three (3) originals of the completed Guarantee Form to the individual noted below:



Rotary District [REDACTED]

Long-Term Exchange Program

Section H: 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 (e.g., 01/Jan/1996) | | <input type="checkbox"/> Male |
| | | | | <input type="checkbox"/> Female |
| Home Address – Street | City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number (e.g., +1-920-555-1212) | | Cell Phone Number (e.g., +1-920-555-1212) | |

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.

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECOMMENDATION |
| I recommend this student as a future Rotary Youth Exchange Student (check one): |
| <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 |

| | | | |
|-----------------------------------------------|----------------|------------------------------|--|
| Name and Title (Type or Print name) | | Signature (Sign in blue ink) | |
| Date (e.g., 01/Nov/2010) | Name of School | | |
| Business Phone Number (e.g., +1-920-555-1212) | E-mail Address | | |

DO NOT RETURN THIS FORM TO THE STUDENT
THIS SHOULD BE MAILED DIRECTLY TO THE ROTARY DISTRICT REPRESENTATIVE
Only One Original is necessary



Rotary District

Applicant's Full Legal Name

Long-Term Exchange Program

Section I: Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All signatures **MUST BE in BLUE ink**; all photographs must be originals or digitally-inserted, and must be in color, unless otherwise instructed.

- | Section | Component | |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A | Personal Information pages completed with photo attached | <input type="checkbox"/> |
| A | Plus One Additional Color Copies of Section A, Page One | <input type="checkbox"/> |
| B | Letters and Photos | <input type="checkbox"/> |
| C | Medical History and Examination completed and signed by physician (Section C, Pages 1 thru 4) | <input type="checkbox"/> |
| D | Dental Health and Examination completed and signed by dentist | <input type="checkbox"/> |
| E | Rules and Conditions of Exchange and Permission for Medical Care and Release of Medical Records and Liability signed by the student and Biological Parents and/or Legal Guardians | <input type="checkbox"/> |
| E | Plus Two Additional Color Copies of Section E, Page 1 & 2 | <input type="checkbox"/> |
| F | Country Preference Checklist (Completely filled out) | <input type="checkbox"/> |
| G | Guarantee Form and Visa Application signed by the student and Biological Parents and/or Legal Guardians – No Step Parents! | <input type="checkbox"/> |

Additional Items Required:

- | | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 | Copy of your school transcript(s) – Grades for the last two years of school that you attend – (Such as a copy of 8 th Grades & 9 th Grade Transcripts if the student is attending 10 th grade now. (As noted in Section A, Page two, Question 5). | <input type="checkbox"/> |
| 2 | Copy of your Birth Certificate (That clearly shows your Biological Parents' names on it) | <input type="checkbox"/> |
| 3 | Copy of your Passport (If the student has one issued already) | <input type="checkbox"/> |
| 4 | Language Proficiency Letter for any non-native language listed on the application noted in Section A, Page 2, Question 6 | <input type="checkbox"/> |
| 5 | District Chair Special Recommendation Letter (If Applicable) | <input type="checkbox"/> |
| 6 | Two Additional originals of Section G - Guarantee Form and Visa Application | |
| 7 | This Page -- completed | |

- Secondary School Personal Reference** form (Section H) and preaddressed stamped envelope should be **given to your teacher or administrator** (*do not* submit this form with your application). **One original and one good copy** should be mailed directly to your District Representative – **Outbound Coordinator and/or District Chair**