
Rotary Youth Exchange Short-Term Exchange Program (STEP) Application

Developed by Rotary International
Japanese Youth Exchange
Committee RIJYEC ver 2011.05 /
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Based on the
Form developed by Europe, Eastern Mediterranean and Africa (EEMA) Youth Exchange Conference and promoted by Rotary International 763(En)STEP Issue3.1:May2011

Rotary District Short Term Exchange Program

Submit completed application to:

The District/ Club Youth Exchange Officer should complete the adjacent box and add their District Number in the space above before passing on to the student for completion.

General Information and Instructions

This form is designed to be fillable and saveable using Adobe Reader. It may not retain these attributes if using another pdf program. Adobe Reader is available as a free download from <http://get.adobe.com/reader>

Types of Short Term Exchange Programs

- **Family to family exchange** (Homestays Ages 15-19)

General Application Pages 3-7 and Supplementary Page A

This program is for individual participants or groups of participants to stay with host families in another country for a few weeks. Most Homestays are reciprocal; for example, a Brazil-Germany exchange may start with a young person from Brazil spending a few weeks in Germany, followed by a visit from a German youth to Brazil. Such exchanges are normally family-to-family or club-to-club. During the course of this program it may be possible to participate in **Tours** for groups of young people from the same country or several different countries.

- **Youth Camps and Tours**

(Ages 15-24 as determined by the organisers of the individual camp or tour)

General Application Pages 3-7 and Supplementary Page B

These camps bring together participants from several countries and take place usually in summer. Camps may have themes such as sports, culture, nature, language, computer or participation in a community service project. Some camps provide leadership training and address international concerns. By bringing together international participants, camps promote cultural tolerance and international understanding through friendship.

Where possible young people with disabilities will be included in the camp or tour programs, however for the more severely disabled special camps known as '**Handicamps**' are organised where participants can be assisted by a carer. In addition to this Application Form further information from participants will be required by the organisers.

Read all directions on each page carefully **before** completing the application.

If you are accepted into the short term program this application will be sent to the hosting country and will serve as your introduction to the people who will organize your stay or host you.

Components of Your Application

- General Information: Pages 3 - 7 containing your Personal Information, Acceptance of the Rules and Conditions and the Guarantee Form;
- Supplementary Information: Pages A or B dependent upon the program in which you wish to participate;
- Copy of your passport or birth certificate.

Completing your Application

The form is designed to be completed on a computer and unless there are special circumstances which prevent computer generated applications then this is the preferred method.

Answer all questions completely and as asked (*do not* write "same," "see above," or "see page ___"). Enter the information into the space provided unless directed otherwise. To avoid any chance of misinterpretation take care with your grammar and spelling.

If completing by hand your application *must* be legible. Particular care should be taken with email addresses. Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate**. On pages that have a box in the upper right-hand corner marked "Applicant Name", enter the preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

Printing Your Application and Signing the Forms

You must submit four complete printed sets of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good quality photocopies. **On all copies the signatures must be ORIGINAL.** To achieve this:

1. Complete the application form but do not sign it.
2. Print four sets of the completed application (if completing by hand, make three good-quality photocopies of the original).
3. Add your signature and those of your parents/legal guardians to all copies.

The photo of yourself on Page 3 may be digitally inserted or attached. If attached it must be an original photograph on all four sets, not a color photocopy, The photos submitted as part of Supplementary Page A may also be digitally inserted but, if attached, must include at least one set of originals. The other three sets may be good-quality color photocopies.

If you have been told that the form can be submitted electronically then the completed form should be saved as (yourname).pdf and submitted with a separate copy of Page 6 complete with all signatures.

To insert digital photographs using Adobe Reader

Open a new document in WORD. Select Insert > Picture then select the photo from file and click 'Insert' button. Drag corner of photo to resize to approximately 5.5cm x 6 cm (2in. x 2.5in.) then position cursor over photo> right click> left click on 'copy' from drop down menu.

Open the STEP Application Form in Adobe Reader and go to page 3.

If using **Adobe Reader 9** select Tools > Comment & Mark Up > Stamps > 'Paste Clipboard Image as Stamp Tool'.

If using **Adobe Reader X** select Comment> Annotations> left click on stamp icon> left click on 'Paste Clipboard Image as Stamp Tool'.

Position stamp shaped cursor over box headed '**Smile!**'> double left click> resize and position photo.

NOTE:- When printing the form the 'Documents and Stamps' setting must be selected in the 'Comments and Forms' box of the Print Set Up otherwise the photo will not be printed.

Questions?

If you have any questions about completing this application, check with your local Rotary Club's Youth Exchange officer. Once you've completed your application, return it to your local Rotary Club/District as instructed.

Data Protection

Your information will be shared with Rotary International, the Sending and Hosting Rotary Districts Youth Exchange Organizations' and Clubs, your appointed counselor and host families. It will only be used for official RI business and not sold to or shared with other third parties, unless required by law to be released.

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability Rotarians, Rotarians' 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 Short-Term Exchange Program

Personal Information

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

Smile!

Attach or insert 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.
Passport Size

If using Adobe Reader to complete this form Digital Photos may be placed here

See instructions on Page 2

1. Program Information

This application refers to the following Short Term Exchange Program (please tick the appropriate box):

Family to Family Individual Exchange	Youth Camps
Group Exchange / Tours	Other

2. Applicant Information

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>)		Name You Wish to be Called		Male
				Female
Date of Birth (<i>e.g., 23/April/1999</i>)	Citizen of (<i>Country</i>)	Place of Birth (<i>City, State/Province, Country</i>)		
Home Address – Street	Town/City	State/Province	Postal Code	Country
Postal Address (<i>if different</i>) - Street	Town/City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Mobile Phone Number		

3. Parent/Legal Guardian Information (*Preferred but not essential if applicant is over 18 years of age*)

Full Name of Father/Legal Guardian		Rotarian?	If yes, name of Rotary Club		
		Yes No			
Address – Street	Town/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		
		Yes No			
Address – Street	Town/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>If applicant is under 18 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>					

Applicant's Name	
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4. Personal Background

Religion	<i>Do you have any special requirements regarding religious observance? Please detail:-</i>
Dietary Restrictions	<i>(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...)</i>
Do you smoke or use tobacco products? Yes No	If yes, please explain.
Do you drink alcohol? Yes No	If yes, please explain.
Have you ever used illegal drugs? Yes No	If yes, please explain.
<i>Answering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to host family or host country.</i>	

5. 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

6. Health Information

Do you have any mental health/medical/dental conditions?	Yes	No
Have you been treated for mental health/medical conditions in the past two years?	Yes	No
Have you taken any prescribed medications in the past six months?	Yes	No
Do you have any special health requirements (disabilities, allergies etc.)?	Yes	No
If you have answered 'YES' to any of the above please explain fully in the space below providing as much information as possible, including the name of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.		
<i>For more personal and background information please use the appropriate Supplementary Page.</i>		

7. Sending District and Club Contacts *(to be completed by Sending Rotary Club and District representatives)*

Sending District Number	Name of Sending District Youth Exchange Chair	E-mail Address			
Address – Street		Town/City	State/Province	Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number		Fax Number	
Sending Rotary Club	Name of Sending Club Youth Exchange Officer	E-mail Address			
Address – Street		Town/City	State/Province	Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number		Fax Number	



Rotary District _____

Rotary short exchange ローター短期交換プログラム

**Health and Dietary Information 追加個人健康情報調査票付票1
付属資料1 (Appendix D1-1)**

この情報は受入国に送られあなたを紹介する書類となります。また、あなたの安全管理のために使われます。
These information will be sent to host country and used to protect you from health and Allergy problems .

氏名(漢字:Kanji)		氏名 : Name	
処方薬 /常用薬 medication 常用薬はありますか? Will the applicant be bringing any prescribed medication on the exchange ?If yes, Please explain:			
<input type="checkbox"/> 常用薬 : medication :			
食事及びアレルギー情報 Information about Dietary and Allergy 該当の項目があればチェックしてください。 Does the applicant have any Dietary restriction or Allergies ?			
食事制限/ Dietary restriction	アレルギー/Allergy	食品アレルギー/Food Allergy	
<input type="checkbox"/> 宗教的理由 :religious reason <input type="checkbox"/> モスリム :Muslim <input type="checkbox"/> ヒンズー :Hindu <input type="checkbox"/> その他 :other <input type="checkbox"/> 完全菜食主義者 :Vegan <input type="checkbox"/> 菜食主義者 Vegetarian <input type="checkbox"/> 乳菜食者 :Lacto-Vegetarian <input type="checkbox"/> 卵菜食者 :Ovo-Vegetarian <input type="checkbox"/> 乳卵菜食者 :Lacto-Ovo-Vegetarian <input type="checkbox"/> その他食事制限 : Dietary restriction-other :	<input type="checkbox"/> 動物アレルギー: Animal allergy <input type="checkbox"/> 犬 :Dog <input type="checkbox"/> 猫 :Cat <input type="checkbox"/> 鳥 :Bird <input type="checkbox"/> 花粉症:Hay fever <input type="checkbox"/> ハウスダスト:House dust <input type="checkbox"/> 金属アレルギー: Metal Allergy <input type="checkbox"/> その他 :Allergies -other あれば記入ください。	<input type="checkbox"/> 食品アレルギー :Food Allergy <input type="checkbox"/> 卵 eggs <input type="checkbox"/> 牛乳 milk <input type="checkbox"/> 甲殻類 pawn/shrimp/crab <input type="checkbox"/> 小麦 wheat/ flour <input type="checkbox"/> 落花生 peanut <input type="checkbox"/> そば buckwheat <input type="checkbox"/> 食品その他 :Food/Other <input type="checkbox"/> その他 : Food Allergies- other あれば記入ください。	
食事制限およびアレルギーがある場合説明ください。 If you have any Dietary restriction or Allergies etc , please explain:			
健康状態/その他情報 health information: 以下について申請者が診断を受けた、あるいは医師や他の専門家から治療、注意、助言を得たことがありますか。 Has the applicant ever been diagnosed with or received treatment,attention, or advice from a physician or other practitioner for : 該当の情報がある場合は該当チェックボックスにチェックしてください。			
<input type="checkbox"/> a, アレルギー :Allergies <input type="checkbox"/> b, 拒食症/過食症/摂食障害 :Eating disorder <input type="checkbox"/> c, 盲腸炎 :Appendicitis <input type="checkbox"/> d, 関節炎 :Arthritis <input type="checkbox"/> e, ぜんそく :Asthma <input type="checkbox"/> f, 注意欠陥障害(ADHD) : Attention deficit disorder <input type="checkbox"/> g, 腸の病気 :Bowel problems <input type="checkbox"/> h, 癌 :Cancer <input type="checkbox"/> i, 糖尿病 :Diabetes <input type="checkbox"/> j, てんかん/発作 :Epilepsy/seizures <input type="checkbox"/> k, 難聴 :Hearing loss <input type="checkbox"/> l, 心臓病 :Heart disease <input type="checkbox"/> m, ヘルニア :Hernia		<input type="checkbox"/> n, 肝疾患/肝炎 :Liver disease/hepatitis <input type="checkbox"/> o, マラリア :Malaria <input type="checkbox"/> p, 月経障害 :Menstrual disorders <input type="checkbox"/> q, 精神障害 :Mental disorders <input type="checkbox"/> r, 肺炎 :Pneumonia <input type="checkbox"/> s, リウマチ熱 :Rheumatic fever <input type="checkbox"/> t, 強度の頭痛/偏頭痛 :Serious headache/migraine <input type="checkbox"/> u, 胃潰瘍 :Stomach ulcer <input type="checkbox"/> v, 腸チフス :Typhoid fever <input type="checkbox"/> w, 尿路感染症 :Urinary tract infection <input type="checkbox"/> x, めまい :Vertigo/dizziness <input type="checkbox"/> y, メガネ/コンタクト :Visual correction <input type="checkbox"/> z, 視覚障害 :Visual problem - other	
該当する回答がある場合、下記に記入ください。 If you answered "Yes" for any parts of questions please explain:			



Rotary District

Applicant's Name :

この絵を使ってあなたの食事傾向について説明してください。
 ホストクラブ、ホストファミリーがあなたの安全管理を行い、また、あなたについて知る手助けとなります。
Use this pictures to explain about your Dietary.
 It will help your host club and host family to protect your health and help your pleasant life through the trip
 × : アレルギー《Allergy or Prohibited》 △ : 食べられない《dislikes》 ○ : 好き《likes》 - : ふつう(Don't Care)

Beef 牛肉 	Fish さかな 	Onion たまねぎ	Corn トウモロコシ
Pork 豚肉 	Shrimp エビ	Fresh Vegetables 生野菜	Soy Bean 大豆
Lamb 羊肉 (ラム肉) 	Crab かに 	Root vegetables 根菜類 	Peanuts ピーナッツ
Chicken 鶏肉 	Shellfish 貝類 	Potato じゃがいも	Walnut くるみ
Egg たまご	Squid いか 	Mashroom きのこ	Fruits フルーツ
Milk 牛乳	Octopus たこ 	Wheat 小麦 	Buckwheat そば
Cheese チーズ 	SeaWeed こんぶ	Gelatine ゼラチン 	Coffee コーヒー
Sushi すし	Sukiyaki すきやき	Freshfish さしみ	UdonNoodle うどん



Applicant's Name	
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Rotary District Short-Term Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange Program participant supported 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 your 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 program participant 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. Medicine prescribed to you by a physician is 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.
- 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) You must have travel insurance that provides coverage for accidental injury and illness, third party liability, 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, with coverage from the time of your departure from your home country until your return.
- 7) You must purchase return travel ticket before departure from the home country.
- 8) You must attend all orientations and trainings offered by the sending and host districts and clubs.
- 9) 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.
- 10) 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 if you are under 18, your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 11) You must return home directly by a route mutually agreeable to your host district and, if under 18, your parents or legal guardians.
- 12) 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.
- 13) You should communicate with your host family, if applicable, prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
- 14) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits may only take place with the consent of the host club and district and within their guidelines.
- 15) Talk with your host counselor or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 1) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
- 2) If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 3) Make an effort to learn the basics of the language of the host country.
- 4) Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved - do not wait to be asked.
- 5) Avoid serious romantic activity. Abstain from sexual activity.
- 6) Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse the costs you incur.
- 7) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 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.

PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY

(If applicant is under 18 years of age delete this paragraph)

I, the applicant, do release from liability and grant permission as noted of the following while I am participating as a Rotary Youth Exchange program participant:

(If applicant is over 18 years of age delete this paragraph)

We, the parents/legal guardians of the applicant 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 participating as a Rotary Youth Exchange student:

- In the event of accident or sickness, I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
- I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for any emergency situation.

I agree to hold harmless Rotary International, any Rotary District or Club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome. I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

APPLICANT'S DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT to the full extent permitted by law, hereby releases and agrees 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 I declare that:-

- I have read and understood the Program Rules and Conditions of Exchange and 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.
- I have read and understand the Statement of Conduct for Working with Youth. I understand that all Rotarians and host families are expected to have read and understood this statement. I understand that I will be provided with training and written material on whom to contact and procedures I must follow should I encounter any form of abuse or harassment.

I am in good health and as a Rotary Youth Exchange participant understand the importance of the role of a youth ambassador and should I be chosen to represent my sending Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the detail entered by me in this application and the attached documents are true and accurate to the best of my knowledge.

DECLARATION BY PARENTS/LEGAL GUARDIANS *(delete if Applicant is over 18)*

IN CONSIDERATION of the acceptance and participation of the applicant in this program, WE, 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 sending 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 parents or legal guardians of the applicant:

- We have read and understood the Program Rules and Conditions of Exchange and agree to abide by them.
- We have read and understood the Statement of Conduct for Working with Youth and we understand that all Rotarians and host families are expected to have read and understood this statement.
- We agree that the Applicant may travel to the Host District

Signatures of parents/guardians are not required if applicant is over 18 years of age

Signed (Applicant)	Signed (Father/Guardian)	Signed (Mother/Guardian)
Witness (Sending Rotary club representative)		Date (e.g., 01/Jan/2006)

SENDING CLUB and DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant <i>and his/her parents/legal guardians*</i> and having reviewed the application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this student. The District agrees to provide adequate orientation to the student <i>and parents*</i> before the student's departure.		
Sending District No.	Sending Club Name	Sending Club ID No.
Name of District Youth Exchange Chair	Name of Club President	Name of Club Secretary / YEO
Signature of District Youth Exchange Chair	Signature of Club President	Signature of Club Secretary/YEO
Date (e.g., 23/April/2010)	Date (e.g., 23/April/2010)	Date (e.g., 23/April/2010)



Applicant's Name	
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Rotary District Short-Term Exchange Program

Guarantee Form

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>)				Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (<i>City, State/Province, Country</i>)			Citizen of (<i>Country</i>)			Date of Birth (<i>e.g., 01/Jan/1999</i>)	
Home Address – Street		Town/City		State/Province	Postal Code	Country	
E-mail Address			Home Phone Number		Mobile Phone Number		

SENDING CLUB

Sending District No.		Sending Club Name			Sending Club ID No.	
Name of District Youth Exchange Chair		Name of Club President		Name of Club Secretary / YEO		

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

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

HOST DISTRICT and CLUB GUARANTEE

The Rotary District, and Rotary Club where specified within this section, will provide room and board in approved homes, 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 District agrees to provide adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country	Host District No.	Host Club Name			Host Club ID No.	
Name of District Youth Exchange Chair		Name of Host Club President		Name of Host Club Secretary /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	

HOST DISTRICT or CLUB COUNSELOR (*Individual Exchanges only*)

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

HOST FAMILY (*if applicable?*)

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			Town/City		State/Province	Postal Code	Country
Home Phone Number		Names and Ages of any Other Adults in the Home					



Rotary District Short-Term Exchange Program

Applicant's Name

Supplemental information about applicants for Family to Family Exchange - (Individual or Group.) Letters and Photos

Applicant'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 brackets).

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. Do you have Siblings? (*Describe gender, age, occupation etc.*)
2. What do you do in your free time?
3. 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?*)
4. What are your school interests and activities? What leadership positions have you held?
5. 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?*)
6. 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?*)
7. How would you describe your community? (*Is it in or near a major city? What is the population? industry? economy?*)
8. 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?*)
9. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?
10. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
11. What do you feel are your strong, and weak, characteristics?
12. What are your plans and ambitions for your further education and career? Why?
13. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter (*required if applicant under 18*)

Write a letter to your son/daughter/ward'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 son/daughter/ward's name on each. Attach your letter to this page. Maximum length: 2 pages.

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

Applicant's Photos

Select a color photograph for each topic below, and insert in, or attach each photo to your letter 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 may be used on the other three sets. Digital photos may be used - see notes on Page 2



District

Applicant Name

Rotary Youth Exchange – Short-Term Exchange

Applicant's Letter



District

Applicant Name

Rotary Youth Exchange – Short-Term Exchange

Parents Letter

Applicant Name

Applicant's Photos

Select a color photograph for each topic below, and digitally insert or attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, to describe the photos.

MY FAMILY	MY SPECIAL INTEREST
<p><i>Photo that includes members of your immediate family</i></p>	<p><i>Photo of you participating in your favorite hobby or activity</i></p>
SOMETHING IMPORTANT TO ME	MY HOME
<p><i>Photo of your friends, pet, musical instrument, etc.</i></p>	<p><i>Photo of your house or building where you live</i></p>



Rotary District Short-Term Exchange Program

Applicant's Name

Supplemental information about applicants for Youth Camps and Tours

Applicant's Personal Background

Please answer the following questions:-

What are your free time activities?
What are your school, college or university education attainments and vocation?
What are your special interests and accomplishments?
Do you have special skills?
Could you contribute to entertainment (e.g. play musical instrument etc.)?
What is the reason for your programme participation (e.g. choice of specific youth camp)?
Other personal remarks.