

Listed below are the countries (subject to change) with which we anticipate exchanging during 2009-2010. Following the country is the maximum age that a candidate may be as of departure, expressed in years/months. Some of the countries that list 18/6 as the maximum age *may* consider older candidates. This will be determined on an individual basis. No candidate who will become 19 years of age on or prior to a country's anticipated departure date will be considered. (Note: the receiving country has the option to determine the approximate departure date. Most students depart in July or August.)

Argentina	18/3	Japan	19/0
Austria	18/0	Latvia	17/0
Belgium	18/6	Lithuania	18/6
Brazil	19/0	Mexico	18/6
Chile	18/3	New Zealand	17/0
Colombia	18/3	Norway	18/0
Czech Republic	19/0	Poland	18/5
Denmark	17/11	Russia	18/0
Ecuador	18/6	Slovakia	19/0
Estonia	18/0	South Africa	18/6
Faroe Islands	17/11	South Korea	19/0
Finland	18/6	Spain	18/6
France	18/6	Sweden	18/11
Germany	18/6	Switzerland	18/0
Iceland	TBD	Taiwan	19/0
India	19/0	Thailand	18/11
Italy	18/0	Turkey	18/0

IMPORTANT: Students who have, practice, are being treated or have been treated for the following may qualify for the program, but may have limited choices, depending on the host country's requirements:

- Vegetarians may choose India, Japan, Taiwan, and Thailand *only*. Our exchange countries will not accommodate vegan requirements.
- Age restrictions (See above)
- Medical / psychological conditions
- Tattoos / piercings

Note: France requires French language proficiency (you must take the French Language Proficiency test on Interview Day), and does not accept candidates who have tattoos/piercings.

Austria, Denmark, Finland, Norway, Japan and Switzerland may require language camp upon arrival in host country (student's expense). List may be subject to change.

Rev.3/30/10

Rotary Youth Exchange Long-Term Program Application



Instructions for Rotary Youth Exchange Program Application

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

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
- Copy of your passport or birth certificate
- Copy of your school transcript
- Supplemental Health Information form
- Orientation Session Agreement form

Filling Out Your Application

Your application *must* be legible. Typed or computer-generated applications are strongly preferred. The application may be downloaded from: http://www.rotaryexchangemn.com/students/download_application.htm Answer all questions completely and as asked (*do not* write "same," "see above," or "see page ___"). Enter your information directly onto the application unless directed otherwise.

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 your preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

Making Photocopies and Signing Forms

You will need to submit four complete sets (**your original plus three photocopies**) of this application to:

Youth Exchange Office,
11251 Red Fox Drive
Maple Grove, MN 55369-6328

Make two additional copies of the complete application:

- Give one set to the Youth Exchange Officer of your sponsor Rotary club.
- Keep one set for your records.

All signatures on all sets to be submitted to the Youth Exchange Office must be signed in BLUE ink. To accomplish this:

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

All attached photographs must be **originals** or **good-quality color copies**.

Questions?

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

Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by the Rotary International Board of Directors, November 2002



Rotary Youth Exchange Program
Districts 5950/5960 Rotary Youth Foundation ~ MINNESOTA - WISCONSIN, USA



GENERAL INFORMATION
ROTARY INTERNATIONAL DISTRICTS 5950 & 5960
YOUTH EXCHANGE PROGRAM

Cost of Participation 2010-2011 Rotary year (for 2011-2012 exchange year)

TO: Youth Exchange Applicants/Parents, Club Youth Exchange Officers
FROM: Lynn Keillor, Chair, Rotary Youth Exchange Program
SUBJECT: Student's cost of participation in Rotary Youth Exchange Program

COST OF PARTICIPATION in the outbound Rotary Youth Exchange Program for the 2011-2012 exchange year is \$5,200. Includes:

Airfare - round trip, open ended ticket to host country	Rotary blazer /Youth Exchange emblem
Basic overseas health/accident/death insurance	Orientation materials
Orientation sessions	Business cards, pins for trading, name badge

Not included in the participation fee are costs of passport, visa or residency permit and related costs, language instruction, inoculations, gifts, local travel, personal items.

PAYMENT SCHEDULE - Payment is due in increments as follows:

- January 22, 2011 \$1,700
- February 26, 2011 \$1,700
- April 2, 2011 \$1,800

The fee may be subject to change if there is a significant change in airfare.

Should the student discontinue participation in the program, the unused portion of the fee will be refunded, less a service charge, dependent on time of withdrawal:

On or before January 22, 2011	Full refund
Between January 23 and February 26, 2011	Refund less \$50
Between February 27 and April 2, 2011	Refund less \$300
On or after April 3, 2011	Refund less \$450

REFUND SCHEDULE - Refund will be issued when the following requirements have been met by the candidate:

- Issue a written statement, declaring that you are withdrawing from the Rotary Youth Exchange Program. Send a copy to:
 - Your Sponsor Club Youth Exchange Officer
 - Your Country Officer
 - The Youth Exchange Office – 11251 Red Fox Dr., Maple Grove, MN 55369
 - Travel One (Attn: Linda Hindal, Riverview Office Tower, #1250, 8009 34th Ave. So., Mpls., MN 55425)
- If you have been provided with the **Youth Exchange Blazer** and **Youth Exchange Trading Pins**, they must be returned to the Youth Exchange Office in new condition.

FINANCIAL ASSISTANCE may be available to the student, based on need. Determination of availability and amount of assistance will be determined by the sponsoring Rotary club and the Youth Exchange Finance Committee. While in the exchange country, students will receive a monthly allowance from the host Rotary club for miscellaneous spending.

NOTE: If your airline ticket has been purchased: Any agent fees sustained will be deducted from your refund. If it is non-refundable, the ticket amount and any associated agent fees will be deducted from your refund. Your refund will be sent to you when the airline has credited our account with Travel One. This takes approximately 4-6 weeks.

Should it be deemed by the Youth Exchange Committee that the student is not a good fit for the program, the student's payment will be fully refunded, *minus any incurred airline fees/costs*, when the above requirements have been met.

Lynn Keillor, Chair
3801 North Upton Ave., Minneapolis, MN 55412
H: 612-287-0869
E: keill003@tc.umn.edu

Diane M. Confer, Exec. Secretary
11251 Red Fox Dr., Maple Grove, MN 55369
B: 763-553-1604 F: 763-550-0619
E: diane.confer@comcast.net

THE ROTARY INTERNATIONAL YOUTH EXCHANGE COMMITTEE welcomes applications from youths who may be qualified for an opportunity to participate in one year of international living in another country. Countries with which we currently exchange are listed on the back of this sheet. Administered by the host and sponsor Rotary clubs and districts, the experience will include one academic year of study in a high school.

Rotary International is a world-wide organization comprised of more than 32,100 Rotary clubs with 1.2 million members in 166 countries. Under this program, youths must be between the ages of 15 years and 19 years at the time of departure.

A Youth Exchange applicant who is successful in being selected by the Rotary club, and who is then further interviewed and selected by the Rotary District Youth Exchange Committee, will have the opportunity for this overseas experience. The applicant may be male or female. There is no requirement that he or she must be from a Rotary family.

Students applying should be prepared to tell about their participation in school, and other activities. During their interview, applicants will discuss their knowledge of their community, state and nation, world problems and affairs, and their spirit of helpfulness in the community and home. Both parents must be present at each interview session and, if selected, subsequent orientation sessions. (In one-parent families, only the parent with whom the candidate lives is required to attend.)

Though it is preferred that the student going abroad has studied the language of the country to which s/he is going, fluency is not always a requirement. Students are encouraged to enroll in an introductory language course prior to departure. During the orientation period, every effort will be made to prepare the student for living abroad. While overseas, the student will live in Rotary-approved homes and will become a member of the host family.

RULES AND REGULATIONS FOR ROTARY YOUTH EXCHANGE CANDIDATES

OBJECT OF THE PROGRAM:

- Further international understanding and goodwill.
- Learn and adapt to another culture, while sharing your own.

QUALIFICATIONS OF APPLICANTS:

- At least 15 years of age, but cannot have turned 19 years of age at the time of departure.
- Student must be a freshman, sophomore, junior, or senior in high school at time of application.
- Student must demonstrate scholastic competence and be involved in extra-curricular activities.

THE SELECTED STUDENT WILL:

- Attend high school in their host country.
- Act as a student ambassador, sharing customs and adapting to the host country's culture.
- Demonstrate a willingness to be flexible throughout the exchange process.
- Follow the rules, regulations and counseling of the sponsoring and host Rotary clubs and Rotary districts. Rules will be discussed at orientation sessions.

THE PARENTS OF THE SELECTED STUDENT WILL:

- Pay cost of participation fee (which includes transportation, orientation materials, basic insurance, blazer, etc.)
- Pay costs of passport, visa or residency permit and related costs, inoculations, gifts, local travel, personal items.
- Abide by the rules and decisions as set forth by the Rotary International Youth Exchange Committee here and in the host country.

SPONSOR ROTARY CLUB (sending student) WILL:

- Interview and recommend applicants for the Youth Exchange Program.

ROTARY CLUB IN HOST COUNTRY WILL:

- Correspond with student prior to arrival, giving pertinent data of the host city and family.
- Meet and transport the student from point of arrival to host family.
- Furnish one year's education in a high school.
- Be responsible for the physical well-being of the student.
- Supervise the student's activities, opportunities and experiences.

Applicant Name	
----------------	--

4. 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

Please explain your answer:

5. Do you believe the applicant's parents/legal guardians support his/her wish to spend time abroad? Yes No

RECOMMENDATION				
I recommend this student as a future Rotary Youth Exchange student (<i>check one</i>):				
<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)		Signature (in blue ink)		Date (e.g., 01/Jan/2006)
Name of School			Address — Street	
City	State/Province	Postal Code	Country	
Phone		Fax	E-mail	

Additional comments on applicant's suitability as an exchange student and cultural ambassador:



District 5950/5960

Applicant Name	
----------------	--

Long-Term Exchange Program

Letters and Photos

Student's Letter

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

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

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

Parent's Letter

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

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

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

Applicant Name	
----------------	--

Student's Photos

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

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>



District 5950/5960

Applicant Name	
----------------	--

Long-Term Exchange Program

Secondary School Report and Reference

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

Applicant's Full Legal Name		Gender	Date of Birth (e.g., 01/Jan/1999)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address — Street			
City	State/Province	Postal Code	Country
Home Phone	Mobile Phone	E-mail	

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.

Please type or print clearly.

1. School and Class Information

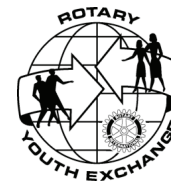
Applicant's present grade/year in school (e.g., 9th, 10th):	Number of grades in school:
Number of students in applicant's class:	Number of students in school:
What is the applicant's approximate class ranking (e.g., top 10%, 12th out of 56)?	

2. Applicant's Course Information

Please list the major courses the applicant is taking and comment on the applicant's ability and results achieved.

3. 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"/>



District 5950/5960

Applicant Name	
----------------	--

Long-Term Exchange Program

Guarantee Form

Applicant Name	
----------------	--

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

I attest 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 'Medical Information 1-4,' acquired in the course of the examinations by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

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

Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by the Rotary International Board of Directors, November 2002

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)				Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
Home Address — Street	City	State/Prov.	Postal Code	Country
Postal Address (if different) — Street	City	State/Prov.	Postal Code	Country
Home Phone	Mobile Phone	E-mail		
Date of Birth (e.g., 01/Jan/1999)	Place of Birth (City, State/Province, Country)		Citizen of (Country)	
Sponsor Rotary District	Host Rotary District	Host Country	Arrival Airport in Host Country	

(A) APPLICANT GUARANTEE I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; and (4) not request permission to stay in my host country, and return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above named applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident insurance; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned APPLICANT and PARENTS/GUARDIANS hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school.

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

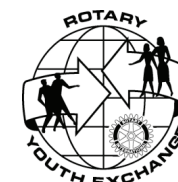
ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY

Name	Relationship	
Address — Street		
City	State/Prov.	Postal Code
Home Phone	Business Phone	Mobile Phone
		E-mail

(C) SENDING CLUB AND DISTRICT ENDORSEMENT

The Rotary Club of _____ and District _____, having interviewed the applicant and his/her parents/legal guardians and reviewed the student's application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs the acceptance of this student. District _____ agrees to provide adequate orientation to the student and parents before the student's departure.	Name of Club	Club ID #	District #
	Club President Name	Signature	
	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name	Signature	District Chair Name	Signature
Date (e.g., 01/Jan/2006)	Home Phone	E-mail	Date (e.g., 01/Jan/2006)
			Home Phone
			E-mail

Applicant Name	
----------------	--



District 5950/5960

Applicant Name	
----------------	--

Long-Term Exchange Program

Rules and Conditions of Exchange

(D) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club of _____ 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 in the amount of US\$ _____. District _____ agrees to ensure adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.	Name of Club		Club ID #	District #
	Club President Name		Signature	
	Date (e.g., 01/Jan/2006)		Home Phone	
	E-mail			
	Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name	Signature	District Chair Name	Signature
Date (e.g., 01/Jan/2006)	Home Phone	Date (e.g., 01/Jan/2006)	Home Phone	
E-mail		E-mail		

(E) HOST CLUB COUNSELOR (required)

Name		Address — Street		
City	State/Province	Postal Code	Country	
Home Phone	Mobile Phone	Fax	E-mail	

(F) SCHOOLING GUARANTEE

<i>(To be completed by the school the applicant will attend in host country)</i> 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		Date School Starts	
	Address — Street			
	City		State/Province	
	Postal Code		Country	
Affix School's Stamp or Official Seal	Phone		Fax	E-mail
	Name of School Official		Title/Position	Signature
				Date (e.g., 01/Jan/2006)

(G) FIRST HOST FAMILY (required)

Name of Host Father	Name of Host Mother	Name(s) and Ages of Other Adult(s) in Home		
Address — Street				
City	State/Province	Postal Code	Country	
Home Phone	Mobile Phone	Fax	E-mail	

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

Rotary district/clubs: Please mail completed Guarantee Form to the address below.

Youth Exchange
 Rotary International
 One Rotary Center
 1560 Sherman Avenue
 Evanston, IL 60201-3698 USA

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

Rules and Conditions of Exchange

- 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.
- You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
- 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.
- You may not operate a motorized vehicle or participate in driver education programs.
- 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.
- You must attend school regularly and make an honest attempt to succeed.
- You must have travel insurance that provides medical and dental coverage for accidental injury and illness, death benefits (including repatriation of remains), disability / dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- You should 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 your parents or legal guardians at the end of your exchange.
- 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.
- You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 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.
- You should communicate with your first host family 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.
- 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 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.
- 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

- 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.
- Body piercing or obtaining a tattoo while on your exchange is not allowed, for health reasons.
- 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.
- Learn the language of your host country. 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.
- 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.
- Avoid serious romantic activity. Abstain from sexual activity.
- 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.
- Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 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.
- Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

Applicant Name

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:

Prescribed Medication	Dose/Frequency	Reason for Use

5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not):

Disease	Year	Disease	Year	Disease	Year	Disease	Year
Measles (rubeola)		Mumps		Hepatitis		Whooping cough (pertussis)	
Rubella (German measles)		Chicken pox		Scarlet fever		Other:	

6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received):
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/Jan/2006)	Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)
Diphtheria			Measles (rubeola)		
Whooping cough (pertussis)			Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)		
Tetanus			Hepatitis B		
Rubella (German measles)			Other (specify) _____		
Mumps					

Additional comments: _____

7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.
 Date of screening (e.g., 01/Jan/2006) _____ Result/diagnosis: _____. If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results: _____

Physical Examination

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

If yes, please provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top of each page).

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if no pages are attached, please check here:).

I find the applicant:

In good health and not suffering from any mental or medical condition(s) that would preclude participation in the program

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

I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice. Yes No

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

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



District 5950/5960

Applicant Name

Long-Term Exchange Program

Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

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

Applicant's Full Legal Name	Gender	Date of Birth (e.g., 01/Jan/1999)	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address — Street			
City	State/Province	Postal Code	Country
Home Phone	Mobile Phone	E-mail	

Dental Examination

- Is the applicant in good dental health? Yes No
- Does the applicant require dental work at this time? Yes No
- Do you foresee the applicant requiring any dental work while abroad? Yes No
 If yes, please explain below (use reverse 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 above and the attached page(s) (if no pages are attached, please check here:).

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

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