Sponsor District: 6000

Rotary Youth Exchange
Long-Term Program Application

The content of this universal form has been developed by RYE regional leaders to meet requirements in multiple international regions. This form is endorsed by Asian Delegates, ABIJ (Brazil), EEMA (Europe-Eastern Mediterranean Africa), LATIR (Latin America), NAYEN (North America) and RYEA (Australia).

Substitutions for any sections of this application should provide substantially equivalent content and page organization with sponsor district number and applicant full legal name at the top of each page.

Technical problems or suggestions for improvement may be submitted by E-mail to: forms.rotary@gmail.com

Submit completed application to:

For more information regarding completion of this application, please refer to the Rotary District 6000 Rotary Youth Exchange website:

https://www.rye6000.org

Number of Paper Copies of Application to be Submitted: 2

Zero paper copies or 'none' means electronic submission of this form is sufficient.

Rotary Youth Exchange – Long-Term Exchange Program
Pre-Application Information: Data Privacy Disclosures

BEFORE YOU BEGIN - Please Read:

By filling this application you will provide information that includes personal data. It is important to understand how personal data from this application will be processed, including how it may be used or shared, how it will be protected, how long it will be retained, and how it can be corrected or removed. Please read the Rotary Youth Exchange Application Privacy Statement. Before filling this application, if you have any questions or concerns, please consult your Sponsor District/Multidistrict instructions or use the provided contact information for any questions about this application.

Rotary Youth Exchange Application Privacy Statement

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

Sponsor District/Multidistrict Application Privacy Statement- Above reference Privacy Statement translated to other official language (if applicable)

INSTRUCTIONS FOR SPONSORING DISTRICTS:
This box is intended for a TRANSLATION of the "Rotary Youth Exchange Application Privacy Statement"

If the district/multidistrict wishes to provide a translation of the above privacy statement in another official language:

1. First (after saving or printing a copy of these instructions) DELETE ALL THE TEXT IN THIS BOX.
2. Insert the translation in another official language.
3. Under the "File" menu, use the 'SAVE AS' command to save this application with a new name.
4. Optional: If you have full version Adobe Acrobat, make this box 'Read Only' using the 'Prepare Form' tool.
   a. Double Click on the text box field name 'Spons Dist Appl Priv Stmt'
   b. In the 'Common Properties section, click the 'Read Only' check box.
   c. Close the properties.
   d. Save the document.
5. Similarly, sponsor districts can replace the top paragraph "BEFORE YOU BEGIN - Please Read" with a translation, if desired.

If no translation is necessary:

1. First (after saving or printing a copy of these instructions)
   DELETE ONLY THE TEXT ABOVE THE LINE OF PLUS SIGNS (++++++).
2. Then follow steps 3 through 4,d as above.

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Other countries use this space for a translation of the 'Rotary Youth Exchange Privacy Statement' in an official language other than English. (Not intended for entry by applicants)

STUDENT INSTRUCTIONS:
SKIP THIS. DO NOT ENTER TEXT IN THIS BOX!

Instructions for Rotary Youth Exchange Program Application

BEFORE YOU BEGIN, please review the data privacy statement on the preceding page. For any questions, contact the Youth Exchange Officer of your sponsoring Rotary Club or the contact person provided in your Sponsor District/Multidistrict Instructions accompanying this application form.

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 and obtained all necessary signatures.

If you are accepted as an exchange student, this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you. The information you provide will help to determine your acceptance in the Rotary Youth Exchange program, and your placement in a host family, school, and community. Furthermore, some or all of your information may be provided to a third party if required by law. Your personal data will be protected in compliance with the laws and regulations of your sponsoring and hosting countries.

Components of Your Application

Your application consists of:

- All forms in this application, along with your student and parent letters (Section B)
- Copies of original or other official vaccination records (Section C-2) plus any additional information or reports from your doctor or dentist
- Copies of your school transcripts (Section H-2)
- Copy of your valid passport or birth certificate (Section F)
- Any other documents or forms which may be required by your sponsor district

Filling Your Application

Please fill this form on-screen and save it as a PDF file. To accomplish this, first save the unfilled PDF form. Use **Acrobat Reader** to open, fill and save your application. Adobe **Acrobat Reader** is FREE to download and compatible with most computers and smartphones. It should be your default PDF viewer.

Do not use an internet browser to fill this form. This form uses advanced PDF features not supported by browsers (e.g. Chrome, Edge, Safari, Firefox, etc.)

Answer all questions completely and as asked (do not write "same", "see above" or "see page"). Enter your information directly onto the application unless directed otherwise. Make sure to use correct grammar and spelling. Make note of the formats specified for date fields and other items.

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

The photo of yourself for Section A, page 1, and the photos required by Section B, should be good-quality digital color photographs and electronically inserted into the document. Each photo must be cropped to correct proportions (shape/aspect ratio) before inserting into the form.

Signing and Submitting - Sponsor District/Multidistrict Instructions REPLACE suggestions below.

If your sponsoring district/multidistrict uses electronic signatures, please follow those instructions. Otherwise sign on paper and electronically submit scanned copies as PDF files. If your district/multidistrict also requires paper copies, these steps or similar may be suitable:

1. Complete the application form. Save unsigned copies of all sections for later use. Print the required number of paper copies (or one for signatures)
2. Sign all of the sets yourself and have your parents/legal guardians sign all sets. **(Note some sections require a Rotary witness.)**
3. Make scanned copies in PDF file format from each section with signatures, including medical and dental forms.
4. If paper copies are required, collate the sections, include checklist, omit cover page and instructions pages. Use only **paper clips** (i.e. no staples).
5. Securely submit electronic application as PDF files containing the required sections and checklist, omit cover page and instructions.
6. For security reasons, avoid using e-mail for electronic submission. See your District/Multidistrict instructions for secure electronic submission.

Additional Instructions and useful web-links

1. The deadline for this application will be established by the sponsoring Rotary District and local Rotary Club. Applications WILL NOT be accepted after the deadline date. Your sponsor district will specify any paper copies you may be required to submit.
2. Hand-written applications are not accepted. To download suitable free software, click here: **Adobe Acrobat Reader**
   Use Adobe Acrobat Reader (or full version Adobe Acrobat) to complete your application.
3. The student must ensure **School Reference Form (Section H-1)** is completed and sent by the teacher/administrator before the application deadline.
4. A free software tool to electronically separate or merge sections of this application is **PDFsam Basic**. (Useful to separate or combine PDF pages.)
5. **SmallPDF web-based tools can also fill this form.** Free for limited use, these tools work adequately for most systems, including Chromebook.
6. Click: **Student Tips** for additional details on using the above methods to work with each section of the form and to assemble the full application.

Gender Identification

Non-binary encompasses many gender identities that don't fit into the male-female binary. The term "non-binary" can mean different things to different people. At its core it's used to describe someone whose gender identity isn't exclusively male or female. Some people who are non-binary experience their gender as both male and female, and others experience their gender as neither male nor female. Other identities considered to fall under this non-binary can include transgender, gender fluid, and genderqueer--as well as many more.

Questions?

If you have any questions about completing this application, check with your local Rotary Club's Youth Exchange Officer. Once you have completed your application, return it to your local Rotary club/district as they have 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. To the best of their ability, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse.

Adopted by the Rotary International Board of Directors, October 2019

Sponsor District: 6000

Rotary Youth Exchange

Long-Term Exchange Program

APPLICATION

Section A: Personal Information

Smile!

Provide a recent, good-quality color photo of yourself (head and shoulders). Make sure your entire head is fully visible. Do not include other people or props in the photo.

CLICK HERE TO INSERT THE PHOTO digitally into the document.

Size: 2 x 2½ in. (5 x 6.5 cm)

(Works best with **Acrobat Reader** or with **Adobe Acrobat**)

Before you begin your application, be sure to read *all instructions on the prior page.*

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		☐ Male ☐ Female ☐ Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Postal Address *(if different)* - Street	City	State/Province	Postal Code	Country
E-mail Address	Signal ID	Home Phone Number	Mobile Phone Number	
Place of Birth *(City, State/Province, Country)*	Citizen of *(Country)*	Date of Birth *(YYYY-MM-DD)*		

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1		Full Name of Parent/Legal Guardian #2	
Rotarian? ☐ Yes ☐ No	If yes, name of Rotary Club	Rotarian? ☐ Yes ☐ No	If yes, name of Rotary Club
Address – Street	City	Address – Street	City
State/Province	Postal Code / Country	State/Province	Postal Code / Country
Email-Address		Email-Address	
Occupation		Occupation	
Home Phone Number	Mobile Phone Number	Home Phone Number	Mobile Phone Number
Business Phone Number	Signal ID	Business Phone Number	Signal ID

In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)?
☐ Parent/Legal Guardian #1 ☐ Parent/Legal Guardian #2

☐ Mark this box if your parents are divorced or separated.
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.

Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

3. Sponsor District and Rotary Club

Sponsor District Number	Name of Sponsor District Youth Exchange Chair	E-mail Address
6000	Rick Stammer	rick.stammer@rye6000.org
Sponsor Rotary Club	Name of Sponsor Club Youth Exchange Officer	E-mail Address

4. Personal Background

Religion (Identify by name or "None")	Dietary Restrictions *(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to…)*
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.
Do you have a steady boy/girlfriend? ☐ Yes ☐ No	If yes, how will being abroad impact your relationship and how might the relationship imp act your exchange experience?
Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.	

5. All Siblings (plus any other family members living in your home)

Relationship examples: "brother" "step-sister" "grandmother" "step-father" "foster brother" "niece" "cousin" etc.

Name	Relationship	Age	Occupation or School Grade/Level	Living in your Home?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

6. Languages

Your Native Language(s)		Proficiency in Non-Native Language(s) *(Indicate: Poor, Fair, Good, or Fluent)*		
Non-Native Language(s) *If you have received a foreign language certificate (e.g. DELF, DELE, etc.), please use Section H-2 to provide a copy with this application.*	**Years Studied**	**Speaking**	**Reading**	**Writing**

7. Exchanges

Have you previously participated in any exchange? ☐ No ☐ Yes *If yes, please explain in your student letter*	

8. Secondary School Information

Name of Secondary School You Currently Attend		School Phone Numb er		School Fax Number
Address – Street	City	State/Province	Postal Code	Country
Maximum grade level in secondary schools	Your current grade level *(e.g., 10th, 11th)*	Month and year you expect to graduate	No. 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:				
Total number of students at your school	Number of students in y our grade level	Your approx. class ranking *(e.g., top 10%, 12th of 56)*		
Name and title of school official or counselor that you consult ed	E-mail address of school official or counselor			
In Section H-2, add a transcript, in English, of all secondary school courses completed with grades you received. Also include your most recent grade report from the current year.				

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

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

Sponsor District: 6000 **Applicant Name:** _____

Rotary Youth Exchange – Long Term Exchange Program

Section B: Letters & Photos

Submit these pages from Section B:
See upper right part of page for Section Page numbers

Page 1 (Instructions)
Page 2a (Student's Letter)
Page 3a (Parents Letter)
Page 4 (Photos)

Optional Pages (Not needed if empty):
Page 2b (Student's Letter) *Page 2c (Student's Letter)*
Page 3b (Parent's Letter)

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses). Do not copy the questions. Please use these questions as a suggested guide for topics to include in your letter.

How to create your letter:

I. Enter your letter on the following "Student's Letter" pages by keying in your text or using "copy and paste". Maximum length: 3 pages.
II. Use clear sentences that can be easily understood by your future hosts. Even if they understand English well, you should avoid abbreviations, idioms, contractions, slang and local jargon. If you include local names (company, store, town) you may need to provide additional information.

1. What do you do when you have free time?
2. What do 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 parents? *(What product or service does each make or perform? What is their 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? Tell us about your experience(s) abroad, if any:
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? What would you like to improve about yourself?
11. What are your plans and ambitions for your education and career? Why?
12. If you have previously been on any exchange, write about your experiences, the host country you went to and the length of your exchange.
13. 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 answers to the following questions. Do not copy the questions, themselves.

How to create your letter:

I. Enter your letter on the following "Parent's Letter" pages by keying in your text or using "copy and paste". Maximum length: 2 pages.
II. Use clear sentences that can be easily understood by non-native English readers. Even if they understand English well, you should avoid idioms, abbreviations, contractions, slang and local jargon. If you include local names (company, store, town) you may need to include other information.

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?

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange - Long Term Exchange Program

Section B: Letters & Photos Student's Letter Page 2a

Enter first page below. Use plain text only. *Continue on next page, if needed.*

Too much entry will make text smaller. Text should be This Big. *If not, remove some text to get the full size* *Continue letter on the next page.*

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange - Long Term Exchange Program

Section B: Letters & Photos Student's Letter Page 2b

Enter second page below. Use plain text only. *Continue on next page, if needed.*

Too much entry will make text smaller. Text should be This Big. *If not, remove some text to get the full size.* *Continue letter on the next page.*

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange - Long Term Exchange Program

Section B: Letters & Photos Student's Letter Page 2c

Enter third page below. Use plain text only. *Last page available*

Too much entry will make text smaller. Text should be This Big. *If not, remove some text to get the full size.* *Maximum of 3 pages allowed.*

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange - Long Term Exchange Program

Section B: Letters & Photos Parent's Letter Page 3a

Enter first page below. Use plain text only. *Continue on next page, if needed.*

Too much entry will make text smaller. Text should be This Big. *If not, remove some text to get the full size.* *Continue letter on the next page.*

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange - Long Term Exchange Program

Section B: Letters & Photos Parent's Letter Page 3b

Enter second page below. Use plain text only. *Last page available*

Too much entry will make text smaller. Text should be This Big. *If not, remove some text to get the full size.* *Maximum of 2 pages allowed.*

Student's Photos

Select a good quality color photograph for each topic below, and digitally insert each photo to this page. Include brief captions to describe the photos and remember you are leaving a FIRST IMPRESSION! **(Digital insertion of photos works best with ADOBE ACROBAT or ADOBE READER)**

MY FAMILY	MY SPECIAL INTEREST
CLICK HERE TO INSERT *Photo that includes members of your immediate family* *In the box beneath the photo, please enter a description that clearly identifies each person*	*CLICK HERE TO INSERT* *Photo of you participating in your favorite hobby or activity* *In the space beneath the photo, please describe your interest and how long you have participated.*
SOMETHING IMPORTANT TO ME	**MY HOME**
CLICK HERE TO INSERT *Photo of your friends, pet, musical instrument, etc.* *In the space beneath the photo, please describe what is shown and how or why it is important to you.*	*CLICK HERE TO INSERT* *Photo of your house or building where you live* *In the space beneath the photo, please describe your home, where it is located and how long you have lived there.*

Sponsor District: 6000 **Applicant Name:** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate *(use uppercase for FAMILY name; e.g. John David SMITH)*		Date of Birth (YYYY-MM-DD)		☐ Male ☐ Female ☐ Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country

E-mail Address	Home Phone Number	Mobile Phone Number

Medical History

1. How long has the applicant been the patient of the physician?

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

	Yes	No		Yes	No
a. Allergies	☐	☐	n. Liver disease/hepatitis	☐	☐
b. **Anorexia/bulimia/other eating disorder***	☐	☐	o. Malaria	☐	☐
c. Appendicitis	☐	☐	p. Menstrual disorders	☐	☐
d. Arthritis	☐	☐	q. **Mental disorders***	☐	☐
e. Asthma	☐	☐	r. Pneumonia	☐	☐
f. **Attention deficit disorder***	☐	☐	s. Rheumatic fever	☐	☐
g. Bowel problems	☐	☐	t. Serious headache/migraine	☐	☐
h. Cancer	☐	☐	u. Stomach ulcer	☐	☐
i. Diabetes	☐	☐	v. Typhoid fever	☐	☐
j. Epilepsy/seizures	☐	☐	w. Urinary tract infection	☐	☐
k. Hearing loss	☐	☐	x. Vertigo/dizziness	☐	☐
l. Heart disease	☐	☐	y. Visual correction – eyeglasses/contact lenses	☐	☐
m. Hernia	☐	☐	z. Vision problems – other	☐	☐

3. Has the applicant:	**Yes**	**No**
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?	☐	☐
b. Taken any prescribed medication in the past six months?	☐	☐
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?	☐	☐
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	☐	☐
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?	☐	☐
f. Had excessive weight gain or loss recently?	☐	☐
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	☐	☐
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	☐	☐
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	☐	☐
j. Suffered weakness of neurological or muscular skeletal system?	☐	☐
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice): _____	☐	☐

If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):
Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician

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

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

4. Indicate year when the applicant had the following infectious dseases (or indicate that he or she has not). Use Part 5 comments for other details.			
Measles (rubeola) ☐ No ☐ Yes, year _____	Mumps ☐ No ☐ Yes, year _____	Hepatitis (if so, see comments) ☐ No ☐ Yes, year _____	Whooping cough (pertussis) ☐ No ☐ Yes, year _____
Rubella (German measles) ☐ No ☐ Yes, year _____	Varicella (Chicken Pox) ☐ No ☐ Yes, year _____	Scarlet fever ☐ No ☐ Yes, year _____	Other: COVID-19 ☐ No ☐ Yes, year _____

5. Immunization Information ***(may be completed by medical records, nursing or appropriate personnel and verified by physician)***

Please verify that these ISO format dates match the official source documents provided in "Section C-2: Immunization Records/Certification copies"

The applicant has been immunized against the following diseases or pathogens:	*Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/or school may require additional immunizations.* **DATES OF ALL IMMUNIZATIONS:** ***Enter the dates of ALL doses using ISO format (YYYY-MM-DD).***					
	Dose 1 DATE	**Dose 2 DATE**	**Dose 3 DATE**	**Dose 4 DATE**	**Dose 5 DATE**	**Dose 6 DATE**
Pneumococcal (any type)						
Polio ☐ Sabin OPV (3 or more) ☐ Salk IPV (4 or more)						
Diphtheria						
Pertussis (Whooping Cough)						
Tetanus						
Hib (*H. influenzae* type b)						
Hepatitis B						
Hepatitis A						
Measles (Rubeola)						
Mumps						
Rubella (German measles)						
Varicella (chicken pox/shingles)						
Meningitis (meningo A,C,W,Y)						
Meningitis B (meningo B)						
Yellow Fever						
Japanese Encephalitis						
Typhoid						
COVID-19						
Other (specify):						
Other (specify):						
Other (specify):						
Other (specify):						
Additional Comments *(Examples: additional dose dates, vaccine adverse reactions, vaccine manufacturer(s) for specific doses, hepatitis or other lab test results, other immunizations and dates)*						

6. Tuberculosis screening: The applicant must present evidence of recent TB screening (within 3 months of examination date) by skin test or blood test.

Date of screening (YYYY-MM-DD) _____ Result/diagnosis: _____ Method: ☐ TB Skin test (TST) ☐ TB Blood test (IGRA)

Please document any BCG vaccine dose(s), diagnostic studies or treatments related to tuberculosis not included in above immunizations or comments.

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

7. 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

Physical Examination

Date: (yyyy-mm-dd)	Height: (cm)	Weight: (kg)	Blood Pressure: Systolic (mmHg) Diastolic	Pulse: (rate/minute)

8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No		Not done	Yes	No
Head and neck	☐	☐	Abdomen	☐	☐	Skin	☐	☐	Breasts	☐	☐	☐
Ear, nose, throat	☐	☐	Hernias	☐	☐	Extremities	☐	☐	Genitalia (external)	☐	☐	☐
Chest/lungs	☐	☐	Lymph nodes	☐	☐	Spine/Skeletal	☐	☐	Rectal	☐	☐	☐
Heart	☐	☐				Neurological	☐	☐				

Not done (See below)

Examination of Breasts and External Genitalia is at physician discretion. Rectal exam is not required if bowel history and abdominal exam are normal.

For any "YES" (abnormal) in part 8, above, please note details in the space below with any other comments or recommendations.

If more space is needed, please provide on separately signed typewritten or computer-generated page(s) with applicant's full name and date of birth.

OTHER notes: Physical Examination findings, comments or recommendations, if any:

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s). If additional pages are attached, please check here: ☐

I find the applicant:

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

☐ Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, 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 address, phone, fax and E-mail	Physician Name
	Physician Signature (ink on paper) or basic e-signature
	Date (YYYY-MM-DD)

If there are separate pages, including any Letter(s) of explanation from treating physician(s), please append following this page.

This form (Section C-2) should be completed before the Medical History and Examination (Section C-1). The purpose of this section is to provide copies of original immunization records and certificates. Also acceptable are official government immunization records and reports from immunization registries. The vaccine brand or manufacturer should be shown whenever possible with the date of each dose administered. These copies provide source documentation necessary to validate the English immunization table using ISO date format in Part 5 of "Section C-1: Medical History & Examination". Such copies also provide details for health authorities in the host country, when required.

This form works two ways: 1) Each page may contain one full-page copy; or 2) Each page may contain two copies using top and bottom halves on the page. Use half pages only when entering copies of smaller documents such as Immunization Record booklets or card-size immunization certificates.

For TOP HALF-PAGE Click here to select file containing copy of Student's Official Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)
For HELP filling this form or to get MORE PAGES click the HELP button (bottom right, below).

TO FILL FULL PAGE, CLICK DIVIDER ACROSS MIDDLE OF PAGE
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TO FILL FULL PAGE, CLICK DIVIDER ACROSS MIDDLE OF PAGE

(Use ONLY IF NEEDED)

BOTTOM HALF-PAGE

Click here to select file containing copy of Student's Official Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

For HELP filling this form or to get MORE PAGES click the HELP button (bottom right, below).

(Use ONLY IF NEEDED)

TOP HALF-PAGE

Click here to select file
containing copy of
Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

For HELP filling this form or to get MORE PAGES click
the HELP button (bottom right, below).

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(Use ONLY IF NEEDED)

BOTTOM HALF-PAGE

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Immunization Record

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For HELP filling this form or to get MORE PAGES click
the HELP button (bottom right, below).

HELP or MORE PAGES

(Use ONLY IF NEEDED)

TOP HALF-PAGE

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TO FILL FULL PAGE, CLICK DIVIDER ACROSS MIDDLE OF PAGE

(Use ONLY IF NEEDED)

BOTTOM HALF-PAGE

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Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

For HELP filling this form or to get MORE PAGES click
the HELP button (bottom right, below).

HELP or MORE PAGES

(Use ONLY IF NEEDED)

TOP HALF-PAGE

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For HELP filling this form or to get MORE PAGES click
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(Use ONLY IF NEEDED)

BOTTOM HALF-PAGE

Click here to select file
containing copy of
Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

For HELP filling this form or to get MORE PAGES click
the HELP button (bottom right, below).

HELP or MORE PAGES

Sponsor District: 6000 **Applicant Name:** _____

Rotary Youth Exchange – 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.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate *(use uppercase for FAMILY name; e.g. John David SMITH)*		Date of Birth *(YYYY-MM-DD)*		☐ Male ☐ Female ☐ Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Email Address	Home Phone Number	Mobile Phone Number		

Dental Examination Date *(YYYY-MM-DD)*: ☐

1. Is the applicant in good dental health? ☐ Yes ☐ No
2. Does the applicant require dental work at this time? ☐ Yes ☐ No
3. Do you foresee the applicant requiring any dental work while abroad? ☐ Yes ☐ No

If yes, please explain below (use space at bottom or additional pages if needed):

Enter any additional comments below. *If additional pages are necessary, attach them and please check here* ☐

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 address, phone, fax and E-mail	**Dentist Name**
	Dentist Signature (ink on paper) or basic e-signature
	Date *(YYYY-MM-DD)*

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange – Long-Term Exchange Program

Section E: Endorsements-Sponsor Club; Guarantees-Student & Parents

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		☐ Male ☐ Female ☐ Non-Binary
Home Address - Street	City	State/Province	Postal Code	Country
Postal Address *(if different)* - Street	City	State/Province	Postal Code	Country

E-mail Address	Signal ID	Mobile Phone Number
Place of Birth *(City, State/Province, Country)*	Citizen of *(Country)*	Date of Birth *(YYYY-MM-DD)*

(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; (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE: We, the 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 PARENT/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. They hereby also authorize the host district to receive all necessary documents regarding application for visa.

e-Signature (Applicant) (or ink on paper)	Home Phone Number	Date *(YYYY-MM-DD)*	
e-Signature of Parent/Legal Guardian #1 (or ink on paper)	Date *(YYYY-MM-DD)*	Mobile Phone Number	E-mail
e-Signature of Parent/Legal Guardian #2 (or ink on paper)	Date *(YYYY-MM-DD)*	Mobile Phone Number	E-mail
Witness Name: Sponsor Rotary Club member e-signature (or ink on paper)	Date *(YYYY-MM-DD)*	Mobile Phone Number	E-mail

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District #	**Sponsor Club Name**	**Sponsor Club ID #**
6000		
Name of District Youth Exchange Chair Rick Stammer	Name of Sponsor Club President	Name of Sponsor Club Youth Exchange Officer
Street Address of District Youth Exchange Chair	Street Address of Sponsor Club President	Street Address of Sponsor Youth Exchange Officer
City, State/Province, Postal Code of District YE Chair	City, State/Province, Postal Code of Sponsor Club President	City, State/Province, Postal Code of Sponsor Club YEO
E-mail Address of District Youth Exchange Chair rick.stammer@rye6000.org	E-mail Address of Sponsor Club President	E-mail Address of Sponsor Youth Exchange Officer
e-Signature of District YE Chair (or ink on paper)	e-Signature of Sponsor Club President (or ink on paper)	e-Signature of Sponsor Club YE Officer (or ink on paper)

Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number
Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number
Signal ID for District Youth Exchange Chair		Signal ID for Sponsor Club President		Signal ID for Club Youth Exchange Officer	

Sponsor District: 6000 **Applicant Name:** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section F: Endorsements-Host Club, District & School

(Guarantee Form / Visa Application Supporting Document)

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	☐ Male ☐ Female ☐ Non-Binary
Place of Birth *(City, State/Province, Country)*	Country of Citizenship	Country of Residence	Date of Birth *(YYYY-MM-DD)*

(A) 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 the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant an allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country		Host Club Name			Host Club ID #
Host District #	Monthly Allowance	Final Arrival Airport in Host Country		Airport Code	Arrival Date(s)
Name of District Youth Exchange Chair		Name of Host Club President		Name of Host Club Youth Exchange Officer	
Signature of Host District Youth Exchange Chair		Signature of Host Club President		Signature of Host Club Youth Exchange Officer	
Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number
Signal ID	Mobile Phone Number	Signal ID	Mobile Phone Number	Signal ID	Mobile Phone Number
E-mail Address of District Youth Exchange Chair		E-mail Address of Host Club President		E-mail Address of Host Club Youth Exchange Officer	

(B) HOST CLUB COUNSELOR

Name		E-mail Address		
Address - Street	City	State/Province	Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number	Signal ID	

(C) 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 *(YYYY-MM-DD)*	
Address - Street	City	State/Province	Postal Code	Country
School's Logo, Stamp or Official Seal may be used here	Name of School Official		Signature of School Official	
	Title			
	E-mail Address		Date *(YYYY-MM-DD)*	

(D) FIRST HOST FAMILY

Name of Host Parent #1	Host Parent #1's E-mail Address	Business Phone	Mobile Phone	
Name of Host Parent #2	Host Parent #2's E-mail Address	Business Phone	Mobile Phone	
Host Family Home Address - Street	City	State/Province	Postal Code	Country
Home Phone Number	Names and Ages of any Other Adults (18 years of age or older) in the Home			

HOST DISTRICT: Please return the electronically completed Endorsements/Guarantee Form to:

Sponsor District/Multidistrict/Country Contact:	

Rotary Youth Exchange – Long-Term Exchange Program
Section G: Rules, Attestations, Permissions, Releases & Consents

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 in.
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.

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, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse. *Adopted by the Rotary International Board of Directors, October 2019*

Instructions:
Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian. This applies to all signature blocks, not only in this Section, but elsewhere in this Application Form.

ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

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

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well.

I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached document are true and accurate to the best of my knowledge.

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)

LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.
IN CONSIDERATION of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively "RYE program")

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, **HEREBY DECLARE and confirm:**

- that the Medical Sections C-1 and C-2 with Dental Section D of this application include ALL health information known to us/me understanding that incomplete Medical or Dental Sections may lead to an early termination of the exchange.
- that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
- that **if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.**
- We/I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parent to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

We, the parents/legal guardians of the applicant, and I, the applicant, **HEREBY AUTHORIZE release** of the aforementioned Medical Sections C-1 and C-2 with Dental Section D which provide all health information included with this application.

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.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- 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 or 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 any additional 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 arragements are made.

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

We agree to assume all financial obligation for any medical treatment rendered (whether or not covered by insurance.)

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)

GENERAL NOTE ABOUT APPLYING SIGNATURES
PDF Readers from Adobe or Foxit and on-line Smallpdf.com web tools offer basic e-signature support. Other tools for electronic signatures may be suggested by the sponsor District. Leave signature fields empty to print and apply ink signature for scanned copies. Doing all signatures the same way is usually best, but ink and electronic signatures can sometimes be successfully used together.

***Follow RYE Sponsor District instructions** regarding suitable signatures for this application.*

Rotary Youth Exchange Application Privacy Statement

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

CONSENT TO USE OF PERSONAL DATA

I acknowledge that before beginning this application I was provided the above application privacy statement and translation, if needed, which I have read and understand. I consent that my personal data including medical information may be collected, used and disclosed in compliance with local privacy laws by relevant Rotary entities as described above and including any sponsoring and hosting Rotary Youth Exchange Multidistricts as needed to: verify my eligibility; coordinate my exchange with international exchange partners, schools, and government agencies; and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)

BASIC CONSENT REGARDING IMAGES AND RECORDINGS

I consent to anyone associated with the Rotary Youth Exchange program including Rotary members, host family members, and agents of the program ("Rotary") recording my voice and image by any means ("Recordings"). I understand Recordings may include audio, video or still photos.

I grant free of charge the right for Rotary to use Recordings depicting my image or voice in e-mails, newsletters or youth exchange program promotions including those shared by websites or social media. I understand that laws vary by country with regard to consents or releases for use of Recordings and that my sponsoring and hosting Rotary districts may or may not each provide relevant local policies, or request other consents or releases, either as part of this application or separately at a later date.

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper)

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange – Long-Term Exchange Program

Section H-1: Secondary School Personal Reference (this page only)

Student: Complete the top section of this form. As your reference, select a teacher or administrator familiar with your abilities and accomplishments at school. Then do **one** of these two options (depending on resources and if an e-mail address is provided at the bottom of this page for submitting the form):

1. **E-mail this page** to your reference to be completed for submission to Rotary as an e-mail attachment (with e-Signature or scanned with ink signature).
2. **OR** Print this page and give to your reference with a pre-addressed postage-paid envelope to the mail address shown at the bottom of this page.

By so doing, you give permission for that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name *(use uppercase for FAMILY name; e.g. John David SMITH)*	Date of Birth *(YYYY-MM-DD)*	Grade	☐ Male ☐ Female ☐ Non-Binary

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

How long have you known this student? **In what capacity do you know this student?** (Teacher? Counselor? Coach? Other? What years?)

1. Ratings

Area	Excellent	Good	Average	Below Average	No Basis to Rate
Creative, original thought	☐	☐	☐	☐	☐
Independence, initiative	☐	☐	☐	☐	☐
Intellectual ability	☐	☐	☐	☐	☐
Emotional stability	☐	☐	☐	☐	☐
Academic achievement	☐	☐	☐	☐	☐
Openness to new ideas	☐	☐	☐	☐	☐
Flexibility, adaptability	☐	☐	☐	☐	☐
Ability to communicate	☐	☐	☐	☐	☐
Potential for growth	☐	☐	☐	☐	☐
Disciplined habits	☐	☐	☐	☐	☐
Participation	☐	☐	☐	☐	☐

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 the wish to spend time abroad? ☐ **Yes** ☐ **No** ☐ **Not Sure**

4. Please use the comments box (below), if necessary, to explain you answers to questions 2 and 3, to provide any other comments on the applicant's suitability as an exchange student and cultural ambassador.

RECOMMENDATION

In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I *(Check one.)*

☐ **Strongly Recommend** ☐ **Recommend** ☐ **Have No Opinion** ☐ **Do Not Recommend** ☐ **Strongly Do Not Recommend**

Explanations or additional comments (optional):

Name	Title	e-Signature (or ink on paper)	Signature Date *(YYYY-MM-DD)*

Name of School	Phone	E-mail

DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT. **END OF SECTION H-1**

THIS FORM IS NOT YET PREPARED FOR USE REPLACE THIS TEXT WITH SPONSOR INSTRUCTIONS

Form return instructions:

EXAMPLE:
Mail to: Name (Sponsor District Chair or Outbound Coordinator)
Street Address
City, State/Province [Country] or E-mail to: your.address@yourdomain.xxx

THEN USE 'SAVE AS' TO RENAME FORM

Sponsor District: 6000 Applicant Name: _____

Rotary Youth Exchange – Long Term Exchange Program

Section P: Passport/Birth Certificate

Fill Applicant Name above with **full legal name**

Use capital letters (UPPER CASE) for family name(s)

Click Here to select file

containing scanned copy or good quality image of Student's Passport.

Image should include both pages opened to photo and passport number.

Click Rotary logo to view sample illustration.

The copy should show only the passport pages. Use a suitable editing tool to remove (crop) any blank or other image areas which are not part of the passport before inserting the file here.

If automatic insertion not supported, insert image manually and adjust size to fill area within frame.

If no Passport yet obtained use Birth Certificate.

(Works best using Adobe Acrobat or Acrobat Reader)

Sponsor District: 6000 **Applicant Name** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section Z: Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must meet RYE Sponsor District signature requirements; all photographs must be inserted digitally and be of good quality. Submit the proper number of complete sets, as directed by your sponsor Rotary Club or District.

Sec.	Application Component	
A	*Personal Information* pages **completed** with photo **digitally inserted**	☐
B	*Letters & Photos* **completed**, with 4 photos **digitally inserted**	☐
C-1	*Medical History & Examination* **completed** and **signed** by physician ***Letter(s) of explanation and other additional pages, if any, should be appended following physician signature page.***	☐
C-2	*Copies of Vaccination Records and Certificates* **digitally inserted**	☐
D	*Dental Health and Examination* **completed** and **signed by** dentist	☐
E	*Endorsements-Sponsor Club, Student & Parents* **completed** and **signed** by all persons	☐
F	*Endorsements-Host Club, District & School* **top of form completed**, *remainder left blank*	☐
G	*Rules, Attestations, Permissions, Releases & Consents* **signed** by student and parents/legal guardians	☐
H-1	*Secondary School Personal Reference* **form provided to reference with instructions for separate return by electronic method or pre-addressed envelope (do not submit Section H-1 with your application).**	☐
H-2	*Copy of* ***school transcript*** (with translation into English if transcript is in another language)	☐
P	*Passport/Birth Certificate:* Copy of **passport** (valid at least 6 months beyond the estimated end of exchange) or **birth certificate** (if valid passport is not available)	☐
Additional Forms Required by Sponsor District (if any)		
		☐
		☐
		☐
		☐
		☐

Final Instructions: When you have completed entry of the required fields in the application form, you are ready to print the document. Remember to print the proper number of copies, as directed by your sponsor Rotary Club/District. Then, you can obtain additional information and signatures where required, and use the checklist above to make sure everything is complete.

Paper copies: Assemble your application Sections A through Z into complete collated sets (excluding Section H-1). Include this checklist. Do not include any pages before Section A. Please do not staple or bind your application or any part of it; use paper clips or clamps instead. Submit the number of paper application originals specified by your local sponsor Rotary Club or District.

Electronic copy: Your RYE Sponsor District may require an electronic copy of this application instead of paper (or possibly both). If so, this may or may not include the use of electronic signatures. You will receive separate instructions from your sponsor district for preparation and electronic submission of this application, if required.

Good luck!