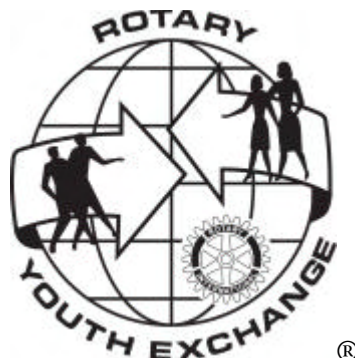

Rotary Youth Exchange Short-Term Exchange Program (STEP) Application



Submit completed application to:

General Information and Instructions

Types of Short Term Exchange Programs

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

General Application Pages 3-7 and Supplementary Page A

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

- **Youth Camps and Tours**

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

General Application Pages 3-7 and Supplementary Page B

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

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

- **New Generations Exchange** (Ages 18-25)

General Application Pages 3-7 and Supplementary Page C

This program is closing the age gap between classical Youth Exchange and Group Study Exchange (GSE).

Individual exchanges can last up to 3 months and programs are designed to include language tuition and professional, vocational or social work experience (without pay).

Group exchanges are of 3-6 weeks duration and are normally for between 6-10 young people often under the leadership of a Rotarian or Rotarian couple. Activities may cover history, culture, economy, specific vocations, community issues, tourism or sport.

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

Components of Your Application

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

Completing your Application

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

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

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

Printing Your Application and Signing the Forms

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

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

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

Questions?

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

Data Protection

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

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. Rotarians, Rotarians' spouses, partners, and other volunteers must safeguard the children and young people they come in contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006



Short-Term Exchange Program

Personal Information

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

Smile!

Attach or insert a recent, good-quality color photo of yourself (head and shoulders).

Original photos must accompany all four sets of the application.

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

Passport Size

1. Program Information

This application refers to the following Short Term Exchange Program (please tick the appropriate box):	
<input type="checkbox"/> Family to Family Individual Exchange	<input type="checkbox"/> New Generations Individual Exchange
<input type="checkbox"/> Group Exchange / Tours	<input type="checkbox"/> New Generations Group Exchange
<input type="checkbox"/> Youth Camps	<input type="checkbox"/> Other

2. Applicant Information

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>)		Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (<i>e.g., 23/April/2008</i>)	Citizen of (<i>Country</i>)	Place of Birth (<i>City, State/Province, Country</i>)			
Home Address – Street	Town/City	State/Province	Postal Code	Country	
Postal Address (<i>if different</i>) - Street	Town/City	State/Province	Postal Code	Country	
E-mail Address	Home Phone Number		Mobile Phone Number		

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

Full Name of Father/Legal Guardian		Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of Rotary Club	
Address – Street	Town/City	State/Province	Postal Code	Country	
E-mail Address	Home Phone Number		Mobile Phone Number		
Occupation	Business Phone Number		Fax Phone Number		
Full Name of Mother/Legal Guardian		Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of Rotary Club	
Address – Street	Town/City	State/Province	Postal Code	Country	
E-mail Address	Home Phone Number		Mobile Phone Number		
Occupation	Business Phone Number		Fax Phone Number		
Parent/legal guardian to contact first in the event of an emergency (<i>specify "Father", "Mother", etc.</i>):					
<input type="checkbox"/> Check here if your parents are divorced or separated. <i>If applicant is under 18 authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.</i>					

Applicant's Name	
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4. Personal Background

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

5. Languages

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

6. Health Declaration

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

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

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



Applicant's Name	
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Short-Term Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange Program participant supported by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at your expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

Rules and Conditions of Exchange

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange program participant and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3) You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) You must have travel insurance that provides coverage for accidental injury and illness, third party liability, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 7) You must purchase return travel ticket before departure from the home country.
- 8) You must attend all orientations and trainings offered by the sending and host districts and clubs.
- 9) You must have sufficient financial support to assure your well-being during your exchange. Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
- 10) You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family and if you are under 18, your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 11) You must return home directly by a route mutually agreeable to your host district and, if under 18, your parents or legal guardians.
- 12) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 13) You should communicate with your host family, if applicable, prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
- 14) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits may only take place with the consent of the host club and district and within their guidelines.
- 15) Talk with your host counselor or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

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

Applicant's Name	
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PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY

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

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

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

PARENTAL PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY *(delete if Applicant is over 18)*

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

- In the event of accident or sickness, we authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We 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 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.
- In the case of elective surgery, we request that we be notified and our permission obtained before such arrangements are made.

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

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

APPLICANT'S DECLARATION

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

As the undersigned applicant I declare that:-

- I have read and understood the Program Rules and Conditions of Exchange and agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.
- I have read and understand the Statement of Conduct for Working with Youth. I understand that all Rotarians and host families are expected to have read and understood this statement. I understand that I will be provided with training and written material on whom to contact and procedures I must follow should I encounter any form of abuse or harassment.
- I am in good health and as a Rotary Youth Exchange participant understand the importance of the role of a youth ambassador and, should I be chosen to represent my sending Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the detail entered by me in this application and the attached documents are true and accurate to the best of my knowledge.

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

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

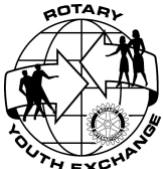
As the undersigned parents or legal guardians of the applicant:

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

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

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

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



Applicant's Name	
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Short-Term Exchange Program

Guarantee Form

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

SENDING 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 application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this student. The District agrees to provide adequate orientation to the student *and parents** before the student's departure. **delete if applicant over 18)*

Sending District No.	Sending Club Name	Sending Club ID No.
Name of District Youth Exchange Chair	Name of Club President	Name of Club Secretary / YEO
Signature of District Youth Exchange Chair	Signature of Club President	Signature of Club Secretary/YEO
Date (<i>e.g., 23/April/2008</i>)	Date (<i>e.g., 23/April/2008</i>)	Date (<i>e.g., 23/April/2008</i>)

HOST DISTRICT and CLUB GUARANTEE

The Rotary District, and Rotary Club where specified within this section, will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country	Host District No.	Host Club Name	Host Club ID No.
Name of District Youth Exchange Chair	Name of Host Club President	Name of Host Club Secretary / YEO	
E-mail Address of District Youth Exchange Chair	E-mail Address of Host Club President	E-mail Address of Host Club Secretary/YEO	
Signature of District Youth Exchange Chair	Signature of Host Club President	Signature of Host Club Secretary/YEO	
Date	Home Phone Number	Date	Home Phone Number
		Date	Home Phone Number

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

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

HOST FAMILY (*if applicable?*)

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



Applicant's Name	
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Short-Term Exchange Program

Supplemental information about applicants for New Generations Exchange – (Individual or Group)

Applicant's Personal Background

Please answer the following questions:-

What are your free time activities?
What are your school, college or university educational attainments or vocation?
What are your special interests and accomplishments?
Do you have special skills?
Could you contribute to entertainment? <i>(e.g. play musical instrument etc.)</i>
What is the reason for your programme participation?
Do you wish to exchange to a particular country? <i>(Please state which country and whether you have any knowledge of it, have visited it before and the reason for your specific interest)</i>
What are your future plans and goals?
Other personal remarks.