



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> | | | | | |

Sailing Camp Adria, RC Feldbach, 05-12.06.2010, Austria, District 1910

| | |
|-------------------------|--|
| Applicant's Name | |
|-------------------------|--|

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 |
| If you have answered 'YES' to any of the above please explain fully in the space below providing as much information as possible, including the name of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary. | | |
| <i>For more personal and background information please use the appropriate Supplementary Page.</i> | | |

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

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



Applicant's Name

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.

Sailing Camp Adria, RC Feldbach, 05-12.06.2010, Austria, District 1910

| | |
|------------------|--|
| Applicant's Name | |
|------------------|--|

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 |
| E-mail Address | Home Phone Number | Business Phone Number | Mobile Phone Number | |



| | |
|------------------|--|
| Applicant's Name | |
|------------------|--|

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</i> <i>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 | 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 | |
|------------------|--|

Short-Term Exchange Program

Supplemental information about applicants for Youth Camps and Tours

Applicant's Personal Background

Please answer the following questions:-

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

Supplementary Page B

Submit completed Application form to: Youth Exchange Officer 2009/2010, Horst R. Fickel, Wörth 163, 8324 Kirchberg an der Raab, Austria, Mobil: +43 (0) 664 35 831 35, Fax: +43 0810 9554 359956, fickel.horst@rotary-feldbach.com