



Long-Term Exchange Program Application

Supplemental Forms For Central States Rotary Youth Exchange



Submit completed application to:

--

Number of Copies of Application to be Submitted:

Instructions for Rotary Youth Exchange Program Application

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, your information will be provided to Rotary International. It will only be used for official RI business and will not be sold to or shared with third parties, unless its release is required by law.

Components of Your Application

Your application consists of the following:

Separate online link sent requesting the following information: personal information about you, your parents/guardians, background, school, language, emergency contact, student letter, parent's letter, and photos of you, family, home, activities, etc.

Separate online link will be sent for school reference.

Separate online link for country selections in order of preference.

This package which contains supplemental documents to be submitted in hard copy with original signatures include:

Section C - Medical (2 pages)

Section D - Dental

Section E - Rules and Conditions of Exchange, Declaration, Medical Permission & Release (2 pages)

Sponsoring Rotary Club and Rotary District Endorsement

Government issued certified birth certificate

Parent/Guardian notarized signature pages (1 for each parent)

Official school transcripts for past two years

Filling Out Your Application

Your application *must* be legible. Only computer-generated (or typed) applications are accepted (no hand-written applications). 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.**

Additional Instructions

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. They will also dictate the number of copies you are required to submit.

Hand-written applications will not be accepted. Most pdf readers can be used to complete your application on a laptop or pc.

When putting the applications together, **use only PAPER CLIPS**. Do not staple or otherwise bind your applications.

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 they've instructed.

Long-Term Exchange Program

Section C: Medical History and Examination

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

This is a fillable pdf form. Please type all applicant identification entries using a computer.

Submit with all original signatures.

Applicant's Full Legal Name		Date of Birth (e.g., 13/Mar/1996)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number (e.g., +1-920-555-1212)	Cell Phone Number (e.g., +1-920-555-1212)	

Medical History

1. 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	<input type="checkbox"/> Y	<input type="checkbox"/> N	n. Liver disease/hepatitis	<input type="checkbox"/> Y	<input type="checkbox"/> N
b. Anorexia/bulimia/any other eating disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N	o. Malaria	<input type="checkbox"/> Y	<input type="checkbox"/> N
c. Appendicitis	<input type="checkbox"/> Y	<input type="checkbox"/> N	p. Menstrual disorders	<input type="checkbox"/> Y	<input type="checkbox"/> N
d. Arthritis	<input type="checkbox"/> Y	<input type="checkbox"/> N	q. Mental disorders	<input type="checkbox"/> Y	<input type="checkbox"/> N
e. Asthma	<input type="checkbox"/> Y	<input type="checkbox"/> N	r. Pneumonia	<input type="checkbox"/> Y	<input type="checkbox"/> N
f. Attention Deficit Disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N	s. Rheumatic fever	<input type="checkbox"/> Y	<input type="checkbox"/> N
g. Bowel problems	<input type="checkbox"/> Y	<input type="checkbox"/> N	t. Serious headache/migraine	<input type="checkbox"/> Y	<input type="checkbox"/> N
h. Cancer	<input type="checkbox"/> Y	<input type="checkbox"/> N	u. Stomach ulcer	<input type="checkbox"/> Y	<input type="checkbox"/> N
i. Diabetes	<input type="checkbox"/> Y	<input type="checkbox"/> N	v. Typhoid fever	<input type="checkbox"/> Y	<input type="checkbox"/> N
j. Epilepsy/seizures	<input type="checkbox"/> Y	<input type="checkbox"/> N	w. Urinary tract infection	<input type="checkbox"/> Y	<input type="checkbox"/> N
k. Hearing loss	<input type="checkbox"/> Y	<input type="checkbox"/> N	x. Vertigo/dizziness	<input type="checkbox"/> Y	<input type="checkbox"/> N
l. Heart disease	<input type="checkbox"/> Y	<input type="checkbox"/> N	y. Visual correction (glasses/contacts)	<input type="checkbox"/> Y	<input type="checkbox"/> N
m. Hernia	<input type="checkbox"/> Y	<input type="checkbox"/> N	z. Visual problems - other	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Has the applicant:			Yes	No	
a. Had any surgical operation, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
b. Taken any prescribed medication in the past six months?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
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?*			<input type="checkbox"/> Y	<input type="checkbox"/> N	
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
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?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
f. Had excessive weight gain or loss recently?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
j. Suffered weakness of neurological or muscular skeletal system?			<input type="checkbox"/> Y	<input type="checkbox"/> N	
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):			<input type="checkbox"/> Y	<input type="checkbox"/> N	
Explain below all YES answers in 1 and 2 above. Use additional pages if additional space is needed. Questions 1B, 1F, 1Q and 2C REQUIRE A SEPARATE LETTER OF EXPLANATION FROM THE STUDENT'S TREATING PHYSICIAN.					
Question (e.g. 2c)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and		Dates and duration		
Date: (ie 14 Sep 2020)			Physician's signature:		

Applicant's Full Legal Name

3. Will the applicant be bringing any prescribed medication on the exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE LIST EACH MEDICATION, INCLUDING THE INTERNATIONAL AND GENERIC NAMES, COMPOUND SYMBOLS, DOSAGE, FREQUENCY, AND REASON FOR USE.		
Prescribed Medication	Dose and Frequency	Explain the Reason for Using this Medication

4. Check YES or NO if the applicant had the following infectious diseases: if YES, indicate what year the applicant had it.							
Measles (rubella) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Whooping cough (pertussis) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Rubella (German measles) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Chicken pox <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Scarlet fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
5. The applicant has been immunized against the following diseases (clearly state the dates of doses received including the last booster) <i>The host country or school may require additional immunizations.</i>							

Immunization	Number of Doses	Dates (e.g., 23/Oct/2012)
Diphtheria		
Whooping cough (pertussis)		
Tetanus		
Rubella (German Measles)		
Mumps		
Measles (Rubeola)		
Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)		
Hepatitis B		
Other (specify) _____		

Additional comments:

6. Tuberculosis screening: The applicant MUST present evidence of a Mantoux/PPD skin test within THREE (3) months of this application. Date of screening (e.g., 17/Aug/2012) _____ Result/diagnosis: _____ If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results: _____
--

Physical Examination

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

If you answer YES to any of the questions in number 7, provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top right of each page).

CERTIFICATION I certify that I hold a valid current license to practice medicine, am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and on the attached page(s), if needed. This applicant has been a patient of this office or clinic for (length of time): _____ I find the applicant:: 1.) YES <input type="checkbox"/> No <input type="checkbox"/> In good health and not suffering from any mental or medical condition(s) that would preclude going overseas in the Youth Exchange program. 2.) YES <input type="checkbox"/> No <input type="checkbox"/> Free from any mental or medical condition(s) not already noted on this section, Medical History and Examination. 3.) YES <input type="checkbox"/> No <input type="checkbox"/> I find the applicant not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice during their exchange year.		
Physician's Name (Type or Print name)	Signature	Date (e.g., 27/Oct/2012)
Physician's address, phone, and fax (Type or Stamp)		

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.

Fillable pdf format. Please type applicant identification entries using a computer before printing.

Submit with all original signatures.

Applicant's Full Legal Name			Date of Birth (<i>e.g., 13/Mar/1996</i>)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street			City		State/Province
Postal Code	Country	E-mail Address			
Home Phone Number (<i>e.g., +1-920-555-1212</i>)			Cell Phone Number (<i>e.g., +1-920-555-1212</i>)		

Dental Examination

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the applicant in good dental health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the applicant require dental work at this time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you foresee the applicant requiring any dental work while abroad ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, please explain below (use space at bottom or additional pages if needed):

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist's Name (Type or Print name)	Signature (Sign in Blue Ink)	Date (e.g., 27/Oct/2012)

Dentist's address, phone, and fax (Type or Stamp)

Enter any additional comments below. (If additional pages are necessary, attach them and please check here ____)

Long-Term Exchange Program

Section E: Rules and Conditions of Exchange

Declaration

Medical Permission and Release

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 it.
- 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.

Applicant's Full Legal Name _____

DECLARATION

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

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

We attest that we have read and understand the Statement of Conduct for Working with Youth. (See below). 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 documents are true and accurate to the best of my knowledge.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Section C: Medical History and Examination,' acquired in the course of the examinations by the physician and the dentist.

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

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

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

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

Applicant (Type and/or Print Full Legal Name)	Signature :
Biological Mother or Legal Guardian (Type and/or Print Full Legal Name)	Signature :
Biological Father or Legal Guardian (Type and/or Print Full Legal Name)	Signature :
Witnessed in the presence of Sponsoring Club Representative (Type and/or Print Name and Title)	Signature :
Dated this _____ Day of _____ Month, _____ Year.	

Statement of Conduct for Working with Youth

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

Adopted by the Rotary International Board of Directors, November 2006

Rotary District _____ Applicant's Full Legal Name _____

Long-Term Exchange Program

Sponsoring Club and District Endorsement

(Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate (<i>use uppercase for your FAMILY name; e.g., John David SMITH</i>)			Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street		City	State/Province	Postal Code	Country
Postal Address (<i>if different</i>) - Street		City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number (<i>e.g., +1-920-555-1212</i>)		Cell Phone Number (<i>e.g., +1-920-555-1212</i>)	
Place of Birth (<i>City, State/Province, Country</i>)			Citizen of (<i>Country</i>)		Date of Birth (<i>e.g., 13/Mar/1996</i>)
Sponsoring Rotary District Number	Host Rotary District Number	Host Country	Arrival Airport in Host Country (<i>name and 3-letter airport code</i>)		

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

(B) BIOLOGICAL PARENT/LEGAL GUARDIAN GUARANTEE We, the biological 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 **BIOLOGICAL PARENTS/LEGAL GUARDIANS** hereby agree the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school.

Signed (Applicant)		Date (<i>e.g., 01/Nov/2012</i>)	
Signed (Biological Father and/or Legal Guardian)	Date (<i>e.g., 01/Nov/2012</i>)	E-mail Address	
Signed (Biological Mother and/or Legal Guardian)	Date (<i>e.g., 01/Nov/2012</i>)	E-mail Address	
Witness (Rotary Club Representative)	Date (<i>e.g., 01/Nov/2012</i>)	E-mail Address	
Biological Father Home Phone Number (<i>e.g., +1-920-555-1212</i>)	Biological Mother Home Phone Number (<i>e.g., +1-920-555-1212</i>)	Rotary Club Rep Home Phone Number (<i>e.g., +1-920-555-1212</i>)	

(C) ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY: ADULT NOT LIVING IN YOUR HOME

Name		Relationship	
Home Address – Street		City	State/Province
Postal Code	Country	E-mail address	
Home Phone Number (<i>e.g., +1-920-555-1212</i>)		Business Phone Number (<i>e.g., +1-920-555-1212</i>)	Cell Phone Number (<i>e.g., +1-920-555-1212</i>)

(D) SPONSORING ROTARY CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her biological 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.

Sponsoring District Number	Sponsoring Rotary Club Name	Sponsoring Club ID Number
Name of District Rotary Youth Exchange Chair	E-mail Address of District Rotary Youth Exchange Chair	
Signature of District Rotary Youth Exchange Chair	Date (<i>e.g., 01/Nov/2012</i>)	Home Phone Number (<i>e.g., +1-920-555-1212</i>)
Name of Sponsoring Rotary Club President	E-mail Address of Sponsoring Rotary Club President	
Signature of Rotary Club President	Date (<i>e.g., 01/Nov/2012</i>)	Home Phone Number (<i>e.g., +1-920-555-1212</i>)
Name of Sponsoring Rotary Club RYEO and/or Secretary	E-mail Address of Sponsoring Rotary Club Rotary Youth Exchange Officer and/or Secretary	
Signature of Rotary Club Rotary Youth Exchange Officer and/or Secretary	Date (<i>e.g., 01/Nov/2012</i>)	Home Phone Number (<i>e.g., +1-920-555-1212</i>)



District _____
**CENTRAL STATES ROTARY YOUTH EXCHANGE
PROGRAM INC.**

PARENT/GUARDIAN SIGNATURE PAGE

(One form required for each parent/guardian)

Date: _____

I, _____, acknowledge that I have reviewed the Central States Rotary Youth Exchange Program, Inc. Outbound Student Long-Term Program Application, being submitted by my son/daughter, _____, including:

- A) Parent Contact Information
- B) Emergency Contact Information
- C) Country selections submitted
- D) Medical Form (2 pages)
- E) Dental Form

I have signed:

- Rules and Conditions of Exchange, Declaration, and Medical Permission & Release
- Club and District Endorsement Form

Signature (Parent/Guardian)

Print Name

STATE OF _____)
_____)ss.
_____, County)

Personally came before me this _____ day of _____, _____, the above named _____, to me known to be the persons who executed the foregoing and acknowledge the same.

Print Name

Notary Public _____ County, _____

My Commission is permanent. (If not state expiration date.) _____

Rotary District _____

Applicant Name

Rotary Youth Exchange – Long-Term Exchange Program

Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All online portions of the application should be completed and submitted to your District Outbound Coordinator. All supplemental documents must have original signature. Submit one copy of supplemental documents with certified birth certificate and official transcripts as directed by your sponsor Rotary Club or District. We recommend you retain a complete copy of all documents for your records.

Sec.	Application Component	<input checked="" type="checkbox"/>
A	<i>Completed online - Personal information about you, family, school</i>	<input type="checkbox"/>
B	<i>Completed online - Student and Parent's letters completed with photos attached (4)</i>	<input type="checkbox"/>
C	<i>Medical History and Examination completed and signed by physician</i>	<input type="checkbox"/>
D	<i>Dental Examination completed and signed by dentist</i>	<input type="checkbox"/>
E	<i>Rules and Conditions of Exchange, Declaration, and Permission for Medical Care and Release of Medical Records and Liability signed by student and parents.</i>	<input type="checkbox"/>
	<i>Club and District Endorsement (Visa Application Supporting Document)</i>	<input type="checkbox"/>
	<i>Notarized Parent/Guardian Signature Page(s) - one for each parent/guardian</i>	<input type="checkbox"/>
	<i>Completed online - Secondary School Personal Reference.</i>	<input type="checkbox"/>
	<i>Official transcripts for past 2 years of school.</i>	<input type="checkbox"/>
	<i>Government issued certified birth certificate - this will be returned to applicant</i>	<input type="checkbox"/>
Additional Forms Required by Sponsor District (if any)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>