Rotary Youth Exchange
Long-Term Program Application

Submit completed application to:

	Silvana Alves Rua Eurides Fogaça, 55 Trujillo - Sorocaba SP CEP 18060-270 Fone : 15 99637-3586 / 15 99105-6030	

Number of Copies of Application to be Submitted: ___1___

Instructions for Rotary Youth Exchange Program Application

Rotary Youth Exchange

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:

- All forms in this application, along with your student and parent letters (Section B)
- Any additional information or reports from your doctor or dentist
- Copies of your valid passport or birth certificate
- Copies of your school transcript

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.**

Printing Your Application and Signing the Forms

You may need to submit several complete sets of this application – your local Rotary district/club will tell you how many sets are required. You may also wish to make an additional set for your own records. Be sure to provide computer-printed forms or good-quality photocopies**. All signatures on all sets must be ORIGINAL and with BLUE ink.** To accomplish this:

1. Complete the application form. Do not sign it.
2. Print the required number of sets of the completed application.
3. Sign all of the sets yourself, then have your parents/legal guardians sign all sets.
4. Medical and dental forms: Ask your physician and dentist to make the appropriate number of photocopies of the completed medical/dental form *before* signing it and then to sign each copy in blue ink.

The photo of yourself that you attach to Section A, page 1, and the photos required by Section B, **must be good quality color photographs and digitally inserted into the document.**

Additional Instructions

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. They will also dictate the number of copies you are required to submit.
2. Hand-written applications will not be accepted. **Use Acrobat Reader to complete your application.**
3. Collate the sets appropriately, insert all photos where indicated, include your letters/photos (Section B), and your checklist (final page). Do not submit this instruction page and the cover page that precedes it.
4. It is the student's responsibility to ensure that the School Reference Form (Section H) is completed and sent in by the teacher/administrator in time for the application deadline.
5. When putting the applications together, **use only PAPER CLIPS**. Do not staple or otherwise bind your applications.

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've completed your application, return it to your local Rotary club/district as they've 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, 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

Sponsor District: 4621

Rotary Youth Exchange

Long-Term Exchange Program

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	Skype	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	Skype		Business Phone Number	Skype	

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.

3. Sponsor District and Rotary Club

Sponsor District Number	Name of Sponsor District Youth Exchange Chair	E-mail Address
4621	MARIA DELMA FERREIRA SILVA DIAS	dededias@hotmail.com
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 impact 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. Siblings (add page, if necessary. Use **Additional Siblings Form**. Section A: Personal Information - supplement to page 2)

Name	Gender	Age	Occupation or School Grade/Level	Living at Home?
	☐ Male ☐ Female			☐ Yes ☐ No
	☐ Male ☐ Female			☐ Yes ☐ No
	☐ Male ☐ Female			☐ Yes ☐ No
	☐ Male ☐ Female			☐ Yes ☐ No

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 add a copy to this application form*	**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 Number		School Fax Number
Address – Street	City	State/Province	Postal Code	Country

Number of grades/levels at your school	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 your grade level	Your approx. class ranking *(e.g., top 10%, 12th of 56)*

Name and title of school official or counselor that you consulted	E-mail address of school official or counselor

Attach a transcript, in English, of all secondary school courses completed with grades you received. Also attach your most recent grade report from the current year.

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Section B: Letters & Photos

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions 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 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 educations 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?

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Section B: Student's Letter

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Sponsor District: 4621 Applicant Name: _____

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Section B: Photos

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: 4621 **Applicant Name:** _____

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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.

*Please type or print clearly. Please submit at least two copies of the form, unless your district requires more. Ask your club YEO how many copies you need. All copies with original signatures in **blue** ink.*

Applicant's Full Legal Name		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. Visual 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): personal choice	☐	☐

If you answered "Yes" for any parts of questions 2 and 3, please explain:
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: 4621 **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 diseases (or indicate that he or she has not):			
Measles (rubeola) ☐ No ☐ Yes, year _____	Mumps ☐ No ☐ Yes, year _____	Hepatitis ☐ No ☐ Yes, year _____	Whooping cough (pertussis) ☐ No ☐ Yes, year _____
Rubella (German measles) ☐ No ☐ Yes, year _____	Chicken Pox ☐ No ☐ Yes, year _____	Scarlet fever ☐ No ☐ Yes, year _____	Other: ☐ No **If Yes, explain:**

5. Immunization Information

Please provide or confirm a copy of the student's original immunization record(s) in addition to completing this information section. (See Section C-2.)

The applicant has been immunized against the following diseases	**Date of immunization** *(clearly state the dates of ALL doses received – YYYY-MM-DD)* *Immunizations are a prerequisite to school attendance in many locations.* *The host country, host Rotary district and/or school may require additional immunizations*						
	1st	2nd	3rd	4th	5th	6th	7th
Diphtheria							
Whooping cough (Pertussis)							
Tetanus							
Rubella (German measles)							
Mumps							
Measles (rubeola)							
Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)							
Hepatitis B							
Others (specify):							
Additional comments:							
Blood Type (A, B, AB or O)							

6. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.

Date of screening (YYYY-MM-DD)_____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:

Sponsor District: 4621 **Applicant Name:** _____

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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

Height: (cm)	Weight: (kg)	Blood Pressure: (mmHg) Sys. Dia.	Pulse rate/minute:

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

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck	☐	☐	**Heart** (murmur, pressure)	☐	☐	**Extremities** (muscular)	☐	☐	**Abdomen (mass)**	☐	☐
Ear, nose, throat	☐	☐	**Hernias**	☐	☐	**Skeletal system**	☐	☐	**Rectal**	☐	☐
Chest/lungs	☐	☐	**Lymph nodes/breasts**	☐	☐	**Neurological**	☐	☐	**Skin**	☐	☐
			Genitalia	☐	☐						

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

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if 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's address, phone, and fax (type or stamp)	**Physician's Name** (type or print)
	Signature (in blue ink)
	Date (YYYY-MM-DD)

Parent and Applicant Declaration:

We hereby confirm

(1) that the Medical Section C and Dental Section D include ALL the medical information known to us. Incomplete Medical or Dental Sections may lead to an early termination of the exchange.

(2) that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.

(3) 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.

(4) I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parents to serve as my child's representative for the purpose of receiving medical information and communicating with medical providers about my child's medical condition.

Date (YYYY-MM-DD) **and Signature Parents/Legal Guardians (both)**	**Date** (YYYY-MM-DD) **and Signature applicant**

Letter(s) of explanation from treating physician(s), if any, and separate pages for any abnormal physical findings are to be appended following this page.

(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)

If more pages needed, add separately

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BOTTOM HALF PAGE

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

(Works best Using Adobe Acrobat or Acrobat Reader)

If more pages needed, add separately

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TOP HALF PAGE

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

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

(Works best Using Adobe Acrobat or Acrobat Reader)

If more pages needed, add separately

Sponsor District: 4621 **Applicant Name:** _____

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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.

*Please type or print clearly. Please submit at least two copies of the form, unless your district requires more. Ask your club YEO how many copies you need. All copies with original signatures in **blue** ink.*

Applicant's Full Legal Name		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

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's address, phone, and fax (type or stamp)	**Dentist's Name** (type or print)
	Signature (in blue ink)
	Date (YYYY-MM-DD)

Sponsor District: 4621 **Applicant Name:** _____

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Section E: Endorsements-Sponsor Club, Student & Parents (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
Home Address – Street	City	State/Province	Postal Code	Country
Postal Address *(if different)* - Street	City	State/Province	Postal Code	Country

E-mail Address	Skype	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; and (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 **PARENTS/GUARDIANS** hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school. They hereby also authorize the host district to receive all necessary documents regarding application for VISA.

Signed (Applicant) (in blue ink)	Home Phone Number	Date *(YYYY-MM-DD)*	
Signed (Parent/Legal Guardian #1) (in blue ink)	Date *(YYYY-MM-DD)*	Mobile Phone Number	E-mail
Signed (Parent/Legal Guardian #2) (in blue ink)	Date *(YYYY-MM-DD)*	Mobile Phone Number	E-mail
Witness (Sponsor Rotary club representative) (Print and signed)	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 #**
4621					
Name of District Youth Exchange Chair		Name of Sponsor Club President		Name of Sponsor Club Youth Exchange Officer	
MARIA DELMA FERREIRA SILVA DIAS					
Street Address of District Youth Exchange Chair		Street Address of Sponsor Club President		Street Address of Sponsor Youth Exchange Officer	
Rua Luis Silveira, 280 - Ibiti do Paço					
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	
Sorocaba - SP Cep 18086-270					
E-mail Address of District Youth Exchange Chair		E-mail Address of Sponsor Club President		E-mail Address of Sponsor Youth Exchange Officer	
dedediass@hotmail.com					
Signature of District YE Chair (in blue ink)		Signature of Sponsor Club President (in blue ink)		Signature of Sponsor Club YE Officer (in blue ink)	
Date *(YYYY-MM-DD)*	Home Phone Number +551532182197	Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number
Mobile Phone Number +5515997237843	Business Phone Number	Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number
SKYPE District YE Chair		SKYPE Sponsor Club President		SKYPE Sponsor Club YE Officer	

Sponsor District: 4621 **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)*	Citizen of *(Country)*	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 a monthly 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 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
Skype	Mobile Phone Number	Skype	Mobile Phone Number	Skype	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	Skype	

(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
Affix School's Stamp or Official Seal	Name and Title of School Official		Signature	
	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 at least originals of the completed Endorsements/Guarantee Forms to:

Sponsor District/Multidistrict/Country Contact:	

Sponsor District: 4621 **Applicant Name:** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules & Conditions; Medical Permissions & Releases

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 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, 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*

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 documents are true and accurate to the best of my knowledge.

Applicant (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Parent/Legal Guardian #1 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Parent/Legal Guardian #2 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Witnessed in the presence of Sponsor Club/District Representative (print name and title)	**Date (YYYY-MM-DD) and Signature** (in blue ink)

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 various Rotary related entities including the district and club where you live, the district and club that will be hosting your exchange and Rotary International. This information may also be shared with others associated with administering the program including exchange counselors and host families. Rotary International will only use the information for core business purposes. To correct or delete any personal information, please contact Rotary at youthexchange@rotary.org *January 2018*

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 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Parent/Legal Guardian #1 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Parent/Legal Guardian #2 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Witnessed in the presence of Sponsor Club/District Representative (print name and title)	**Date (YYYY-MM-DD) and Signature** (in blue ink)

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.
- 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 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 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 for any medical treatment rendered (whether or not covered by insurance)

Applicant (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Parent/Legal Guardian #1 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Parent/Legal Guardian #2 (print name)	**Date (YYYY-MM-DD) and Signature** (in blue ink)
Witnessed in the presence of Sponsor Club/District Representative (print name and title)	**Date (YYYY-MM-DD) and Signature** (in blue ink)

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: 4621 **Applicant Name:** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section H-1: Secondary School Personal Reference (this page)
& H-2: Secondary School Transcript (following two pages)

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

Applicant's Full Legal Name	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 forward this form within seven days of receipt to the sponsor Rotary Club/District, in the pre-addressed envelope provided. The information you submit *will not be revealed to the student,* unless required by law.

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 his/her wish to spend time abroad? ☐ **Yes** ☐ **No** ☐ **Not Sure**

Please use the reverse side of this form, adding pages if necessary, to explain your answers to questions 2 and 3, and to provide any additional 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

Name and Title (type or print)	Signature (in blue ink)	Date *(YYYY-MM-DD)*

Name of School	Phone	E-mail

DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.
Please submit this form directly to:

END OF SECTION H-1

Click Here to select file
containing copy of
Student's School Transcript

(Works best Using Adobe Acrobat or Acrobat Reader)

OPTIONAL SECOND PAGE

Click Here to select file
containing copy of page 2 of
Student's School Transcript

(USE ONLY IF NEEDED)

Transcripts for the most recent 3 or 4 years of study are sufficient.

(Works best Using Adobe Acrobat or Acrobat Reader)

Sponsor District: 4621 **Applicant Name:** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section I: Student Consent Personal Data-Sponsor District

Student Consent to Rotary Sponsor District's Use & Release of My Collected Personal Data

1. *Copy of policy provided.* I have been provided a copy of NAYEN *Uniform Privacy Policy on Use and Disclosure of Confidential Information Obtained in Connection with the Rotary Youth Exchange Program*. It explains how District 4621 and any Multi-District of which it is a member (hereinafter referred to individually and collectively as "the North American Rotary District") will use my personal data in my exchange and how it will share this data with others.

2. *Consent to use and disclosure of personal data.* I consent to the North American Rotary District collecting, processing, using, and disclosing my personal data in a manner consistent with the *NAYEN Uniform Privacy Policy on Use and Disclosure of Confidential Information Obtained in Connection with the Rotary Youth Exchange Program*.

Dated: _____ (YYYY-MM-DD) _____ Name of Exchange Student _____ Signature

Dated: _____ (YYYY-MM-DD) _____ Name of Parent/Legal Guardian #1 (on my own behalf and student's) _____ Signature

Dated: _____ (YYYY-MM-DD) _____ Name of Parent/Legal Guardian #2 (on my own behalf and student's) _____ Signature

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 of the student.

Sponsor District: 4621 **Applicant Name:** _____

Rotary Youth Exchange – Long-Term Exchange Program

Section J: Student Consent Personal Data-Host District

Student Consent to Rotary Host District's Use & Release of My Collected Personal Data

1. *Copy of policy provided.* I have been provided a copy of D_____ *(Host District) Uniform Privacy Policy on Use and Disclosure of Confidential Information Obtained in Connection with the Rotary Youth Exchange Program*. It explains how District _____and any Multi-District of which it is a member (hereinafter referred to individually and collectively as "the Host District") will use my personal data in my exchange and how it will share this data with others.

2. *Consent to use and disclosure of personal data.* I consent to the Host District collecting, processing, using, and disclosing my personal data in a manner consistent with the D____ *(Host District) Uniform Privacy Policy on Use and Disclosure of Confidential Information Obtained in Connection with the Rotary Youth Exchange Program*.

Dated:	_____ YYYY-MM-DD	_____ Name of Exchange Student	_____ Signature
Dated:	_____ YYYY-MM-DD	_____ Name of Parent/Legal Guardian #1 (on my own behalf and student's)	_____ Signature
Dated:	_____ YYYY-MM-DD	_____ Name of Parent/Legal Guardian #2 (on my own behalf and student's)	_____ Signature

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 of the student.

PLEASE NOTE: Unless the Host District designation is already known and the *Host District Uniform Policy Procedure...*(as described above) has already been received, this section should be left incomplete and unsigned at the time of original application submission. When the Host District policies are available, this page will be returned to the applicant with those policies for review and consent. **Refer to the District-specific application instructions and consult with the sponsoring Rotary District YEO for any further clarification.**

Sponsor District: 4621 **Applicant Name:** _____

Rotary Youth Exchange

Rotary Youth Exchange – Long-Term Exchange Program

Section K: Student Consent-Rotary Photography/Recording Release

Student Consent to Rotary Use & Release of My Images and Recorded Voice.

1. I consent to anyone associated with the Rotary Youth Exchange program (including Rotarians, host family members, and agents of the program) recording my voice and image by any means ("Recordings").

2. I grant Rotary International, my sponsoring and hosting Rotary district and/or multi-district, and my sponsoring and hosting club (collectively "RI") the irrevocable and worldwide right to free of charge use, copy, display, modify, distribute, publish and license the Recordings, my image, statements, name, and voice for promotional, marketing, and educational purposes. I understand that this could include use on websites, in publications, via streaming, and in social media. I agree that RI may retain the Recordings and my personal information for historical and research purposes.

Dated:	_____ YYYY-MM-DD	_____ Name of Exchange Student	_____ Signature
Dated:	_____ YYYY-MM-DD	_____ Name of Parent/Legal Guardian #1 (on my own behalf and student's)	_____ Signature
Dated:	_____ YYYY-MM-DD	_____ Name of Parent/Legal Guardian #2 (on my own behalf and student's)	_____ Signature

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 of the student.

Rotary Youth Exchange

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Section L: Passport/Birth Certificate

Click Here to select file
containing scanned copy
or good quality image of
Student's Passport
(Photo page with Passport Number)

(Works best Using Adobe Acrobat or Acrobat Reader)

Sponsor District: 4621 **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 copies must have original signatures signed in **BLUE ink**; 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, parents and applicant. ***Letter(s) of explanation and other additional pages, if any, should be appended following physician signature page.***	☐
C-2	*Copies of Original Vaccination Record(s)* **dIgitally inserted.**	☐
D	*Dental Health and Examimination* **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 & Conditions; Medical Permissions & Releases* **signed** by student and parents/legal guardians; Alternative Emergency Contact data provided	☐
H-1	*Secondary School Personal Reference* **form and pre-addressed stamped envelope given to your teacher or administrator (*do not* submit this form with your application).**	☐
H-2	Copy of **school transcript** (with translation into English if transcript is in another language)	☐
I	*Student Consent Personal Data-Sponsor District* **completed** and signed by student and parents/guardian	☐
J	*Student Consent Personal Data-Host District*" – **heading completed**. **Remainder left incomplete (until Host District Privacy Policy on Use and Disclosure of Confidential Information is obtained).**	☐
K	*Student Consent-Rotary Photography/Recording Release* **signed** by student and parents/legal guardians.	☐
L	*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.

Assemble your application Sections A through L into complete collated sets (excluding Section H-1). Include this checklist. Do not include the cover page or instructions page. 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. If your RYE Sponsor District also requires a separate electronic copy of this application, you will receive specific instructions for electronic preparation and submission.

Good luck!

Application produced and endorsed by
North America Youth Exchange Network
July 2020

Fillable form functions revised 2020-07-27