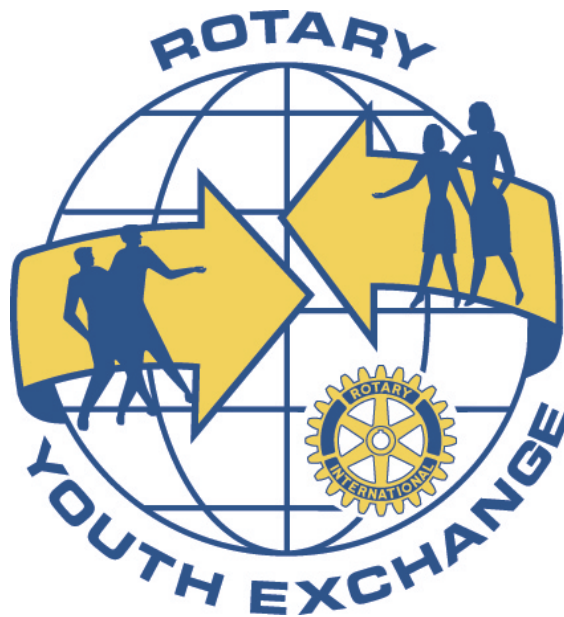


Application for a Rotary New Generations Exchange



Submit completed application to:

<p>BY MAIL: Rotary Youth Exchange P.O. Box 3510 Sparks, NV 89432-3510 USA</p>	<p>BY COURIER: Rotary Youth Exchange Jon Greene 1905 Spanish Springs Road Sparks, NV 89436 USA</p>
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Read instructions on page 10 before completing application

Note: Additional information may be required for a New Generations Exchange

This application form is created and distributed by the Rotary District 5190 Youth Exchange Committee

Revised 18 November 2007

Father
 Rotarian ? YES NO _____
 (If " YES," Name of Rotary Club)

Mother
 Rotarian ? YES NO _____
 (If " YES," Name of Rotary Club)

Sponsoring Rotary Club and District		
The Rotary Club of _____ and District _____ having reviewed the application and having interviewed the applicant, hereby endorse the student as meeting the qualifications for Rotary New Generations Exchange and recommend to hosting clubs the acceptance of this student. The District agrees to provide adequate orientation to the student before departure and the Club will/will not host an Inbound Student.		
Type – Club President	Type – Club Secretary/ YEO	Type – District NGE Representative
Sign – Club President	Sign – Club Secretary/ YEO	Sign – District NGE Representative
Date	Date	Date

Program Rules and Conditions of New Generations Exchange (NGE)

- 1) **Obey the laws of the Host Country – If found guilty of violation of any law, student can expect no assistance from Rotary or their native country. Student will be returned home as soon as released by authorities.**
- 2) **Student is not allowed to possess or use illegal drugs. Medicine prescribed by a physician is allowed.**
- 3) **Student is not authorized to operate a motorized vehicle of any kind that requires a federal, state, or provincial license, nor participate in any driver-training program.**
- 4) **Drinking of alcoholic beverages, if legal in the host country, should be done responsibly and in moderation.**
- 5) **Stealing/shoplifting is prohibited and illegal.**
- 6) **Unauthorized travel is not allowed and students must comply with the travel rules of the Host District. Students may have personal, on their own, travel at their own risk either before or after the New Generations Exchange (NGE) that is not sponsored nor supported by the District 5190 NGE and for which Rotary has no liability. Such personal travel may not interrupt the New Generations Exchange period. If such travel is planned, the student must provide the basic details to the NGE representative of Rotary District 5190 in advance of leaving his or her home. Travel during the NGE with Rotarians and others approved by Rotary is normal and encouraged.**
- 7) **Student must be covered by a health and life insurance policy agreeable to the Hosting District.**
- 8) **Student must abide by ALL rules and conditions of exchange of the Host District as provided by the District Youth Exchange Committee and as directed by the Rotarian NGE Group Leader or Counselor.**
- 9) **If a part of a team exchange, the student must return home with the NGE team, with any deviations approved by the NGE Team Group Leader.**
- 10) **Student shall have sufficient financial support to assure his/her well being during the exchange. Any costs related to the student not being in compliance with the Program Rules shall be borne by the student.**
- 11) **You will be under the hosting District’s authority while you are an exchange student. Relatives in the host country will have no authority over the student while he/she is in the program.**

Permission for Medical Care and Release of Liability

In consideration of the acceptance and participation of the applicant in the NGE program, the undersigned applicant, to the full extent permitted by law, hereby releases and agrees to hold harmless and indemnify all host families, all members, officers, directors, committee members and employees of the host and sponsoring 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 which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such applicant, during, or as a result of the participation by the applicant in such NGE program, including travel to and from the host country.

The applicant does release from liability and grant permission as noted of the following, while in a foreign country as an NGE student:

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

Having read and understood the "Program Rules and Conditions of Exchange", I agree to abide by these rules and conditions and understand that any violation may result in abrupt termination of the exchange, and I further agree that the host Rotary Club, the assigned Counselor and host Rotary District, in consultation with the NGE Team Leader, if any, shall have final authority in enforcing these rules and conditions and any other rules and conditions which may be imposed with due notice.

Signed * _____
Applicant

In the presence of the Sponsor Rotary Club Representative * _____
(Signature)

Dated this _____ Day of _____
(Month)(Year)

EMERGENCY CONTACT IN HOME COUNTRY:

NAME	RELATION
TELEPHONE	FAX
	EMAIL

Rotary International Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual or emotional abuse of children and young people with whom they come into contact.

Rotary International Board of Directors, November 2005

I have read and I understand the Rotary International Statement of Conduct for Working with Youth. I agree to conform to the rules, regulation, and policies of Rotary International and District 5190 New Generations Exchange program and its affiliates.

Print Name _____ Signature _____ Date _____

Supplemental Information

SPONSORING DISTRICT AND CLUB CONTACTS

District NGE

Representative: _____
Name

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Club Representative: _____
(Officer or YEO) Name

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

STUDENT

Family name/Legal name First/Give name Second/Given name Sex (M/F)

Date you prepared answers (yr/mo/day) Religious preference No Yes Dietary Restrictions (If "YES," explain)

1. Please list the languages you have studied and indicate your level of fluency. (1=Poor, 2=Marginal, 3=Short Sentences, 4= Fluent)

1st Language: _____ 1 2 3 4

2nd Language: _____ 1 2 3 4

3rd Language: _____ 1 2 3 4

2. What is or was your favorite school subject? Why?

3. What are your interests, sports and hobbies? (Elaborate on your interest in these areas (e.g. Why did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?))

4. What are your accomplishments? (civic, church, professional, school)

5. What are your future plans and ambitions?

6. Why do you wish to participate in the NGE program?

7. Would you be willing and able to host an inbound exchange student in your home? **YES** **NO**

8. Describe your community and home.

9. Describe your school and your work experience to date.

10. Identify four major issues confronting society today. Select the most important issue and tell us why it is of personal concern.

11. MEDICAL INFORMATION

a. Do you have any medical conditions? Please describe.

b. Have you taken any prescribed medications in the prior six months? Please provide the name(s) of any medication(s) and reason it was (they were) prescribed.

c. Do you have any special health considerations (allergies, disabilities, etc.)? Please describe.

12. * Do you smoke? YES NO (Many homes and public places do not permit smoking)

* Have you ever been involved with illegal drugs? YES NO

* Do you use alcoholic beverages? YES NO

* **If you answered “YES” to any of the questions asterisked above, please explain:**

13. When would you like to start your New Generations Exchange? month_____ year_____

How many weeks would you like to be on New Generations Exchange?

14. What are your long term career goals?

15. Anything else you want to tell us?

Picture Page

Once you have your four pictures, show them to the Rotarian assisting you. If the pictures are approved for the purpose here, affix the pictures to the page with glue or double-sided tape. **Do not staple.**

My Home

My Family

A Special Interest

Something Important to Me

Instructions for Rotary New Generations Exchange Program Applicants

Read these directions carefully before completing the application. If you are accepted as an exchange student, this application will be sent to your host country. It will serve as your introduction to the people who are being asked to host you. It is important that the first impression you make be a good impression. Complete this application carefully. All grammar and spelling should be correct. And remember neatness counts.

GENERAL INSTRUCTIONS:

This application provides hosting Rotary Clubs and Districts basic information from which New Generations exchange placements can be made. Applications must be legible. Typed or computer generated applications are preferred. Answer all questions as asked. Do not write "same" or "see page," etc. Type answers on the application except where otherwise indicated. Practice on a draft copy of the application to make sure your answers fit in the space provided.

Signatures: All signatures *must be originals and written in blue ink* on all **four** copies. To accomplish this, complete one full application but do *not sign it*. Make three copies and then sign all four completed applications. The student's signature is required 2 times. To help you find signature locations, all signature locations have been placed in boxes and asterisked (*).

SPECIFIC INSTRUCTIONS:

Page 1: Address This should be the student's postal address.

Date of Birth Remember to use the alphabetic abbreviation for month, e.g. (1986/Feb/22); not the numeric. Please note that this annotation of date of birth is the International Standard and may be different from what you are used to.

Rotary Club and District Endorsement This will be completed by your Rotary Club and District Youth Exchange Committee. Give all 4 copies to your Rotary contact for signature. The District Endorsement will be completed if and when you are selected. Clubs and Districts-Please note that you also need to complete the top part of the Supplemental Section.

Page 2: Program Rules and Conditions of Exchange Students should read these carefully. You are expected to abide by these rules and conditions of exchange while you are a participant in the Rotary New Generations Exchange program. Failure to do so may result in the termination of your exchange and early return home. All signatures must be originals. This should be signed in the presence of a Rotary Club representative. **Note:** These are rules and conditions jointly agreed to by most Rotary Districts. However, your Hosting District may add, modify, or delete some of these rules and/or conditions. You will be informed by your Hosting District and/or the NGE Team Leader of any changes.

Permission for Medical Care and Release of Liability Read Carefully. If you are ill and require medical care, this gives permission for your host family and/or hosting Rotarian to act on your behalf. This holds you responsible for additional medical bills and transportation costs not covered by your insurance if required by your illness. You must sign where indicated.

Emergency Contact Provide the name and telephone/fax of a family member or close friend who may be contacted in case of an emergency.

Pages 4-5 Supplemental Information Answer each question succinctly. Give thought to the message you are communicating to your future host club and family. You may add up to two typed pages if needed. If you have dietary restrictions, be sure to state clearly what you will not eat. If you smoke, drink alcoholic beverages or have a past or current involvement with illegal drugs, be sure to provide the explanatory information requested. A "yes" answer will not automatically eliminate you, however, it will necessitate special consideration by the host family.

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