



Rotary District

New Generations Service Exchange Program

Before you begin your application, please read the program instructions

Smile!

Attach or insert a recent, good-quality color photo of yourself (head and shoulders). Original photos must accompany all sets of the application.

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

1. Program Information

This application refers to the following New Generations Service Program (please tick the appropriate box):

- Non Paid, Non Academic Internship
- Group Exchange

2. Applicant Information

Male Female

| | |
|---|----------------------------|
| Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name</i>) | Name you wish to be called |
| | |

| | | |
|---|-------------------------------|--|
| Date of Birth (<i>e.g. 23 April 1999</i>) | Citizen of (<i>Country</i>) | Place of Birth (<i>City, State, Country</i>) |
| | | |

| | | | | |
|-----------------------|-----------|----------------|-------------|---------|
| Home Address – Street | Town/City | State/Province | Postal Code | Country |
| | | | | |

| | | |
|----------------|-------------------|---------------------|
| E-Mail Address | Home Phone Number | Mobile Phone Number |
|----------------|-------------------|---------------------|

Member of INTERACT CLUB / ROTARACT CLUB / other contact with ROTARY and/or other Service organization

3. Contact Person in the event of an emergency

| | |
|---|--------------|
| Full legal name as on Passport, use capital letters for FAMILY NAME | Relationship |
|---|--------------|

| | | | | |
|-----------------------|-------------|-------|----------|---------|
| Home address – street | Town / City | State | Postcode | Country |
|-----------------------|-------------|-------|----------|---------|

| | | |
|----------------|-------------------|---------------------|
| E-Mail address | Home Phone Number | Mobile Phone Number |
|----------------|-------------------|---------------------|

4. Sponsoring District and Club Contacts

| | | |
|----------------------------|--|----------------|
| Sponsoring District Number | Name of Sponsoring District Youth Exchange Chair | E-Mail Address |
|----------------------------|--|----------------|

| | | | | |
|------------------|--------------|----------------|----------|---------|
| Address – Street | T own / City | State/Province | Postcode | Country |
|------------------|--------------|----------------|----------|---------|

| | | |
|-------------------|-----------------------|---------------------|
| Home Phone Number | Business Phone Number | Mobile Phone Number |
|-------------------|-----------------------|---------------------|

| | | |
|------------------------|---|----------------|
| Sponsoring Rotary Club | Name of Sponsoring Rotary Club Youth Exchange Officer | E-Mail Address |
|------------------------|---|----------------|

| | | | | |
|------------------|-------------|----------------|----------|---------|
| Address – Street | Town / City | State/Province | Postcode | Country |
|------------------|-------------|----------------|----------|---------|

| | | |
|-------------------|-----------------------|---------------------|
| Home Phone Number | Business Phone Number | Mobile Phone Number |
|-------------------|-----------------------|---------------------|

Applicant's Name

| | | | |
|------------------------------|--|------------------------------|--|
| Preferred Period of Exchange | | Preferred Length of Exchange | |
|------------------------------|--|------------------------------|--|

5. Personal Background

Religion Do you have any special requirements regarding religious observance? Please detail.

Yes No

Do you smoke or use tobacco products? If yes, please explain

Yes No

Do you drink alcohol? If yes, please explain

Yes No

Have you ever used illegal drugs? If yes, please explain

Answering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to host family or host country.

Yes No

Do you have a driver's license? If yes, please explain

6. Languages

| Your native Language | Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) | | | |
|------------------------|---|----------|---------|---------|
| Non-Native Language(s) | Years Studied | Speaking | Reading | Writing |
| | | | | |
| | | | | |
| | | | | |

7. Health Information

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



Applicant's Name

Rotary District

New Generations Service Exchange Program

Applicant's Personal Background – Supplementary Information

8. Individual Exchange / Internship Information

Career Objective – your achievements through the Rotary New Generations Service Exchange

Education

Work Experience

Additional Skills

Special Interests / Remarks

| Preferred Period of Exchange | | | Preferred Length of Exchange | |
|------------------------------|----|----|------------------------------|--|
| Country of Priority | 1. | 2. | 3. | |



Applicant's Name

Rotary District

New Generations Service Exchange Program

Applicant's Personal Background – Supplementary Information

8. Group Exchange

What do you want to achieve through the Rotary New Generations Service Exchange

What are your school, university educational or vocational goals?

What are your special interests and accomplishments?

Do you have special skills?

What are your freetime activities? Remarks

| Preferred Period of Exchange | | | Preferred Length of Exchange | |
|------------------------------|----|----|------------------------------|--|
| Country of Priority | 1. | 2. | 3. | |



Applicant's Name

Rotary District

New Generations Service Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

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

Rules and Conditions of Exchange

1. You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
2. You will be under the host district's authority while you are an exchange program participant and must abide by the rules and conditions of exchange provided by the host district. Any relatives you may have in the host country will have no authority over you while you are in the program.
3. You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
4. You must have travel insurance that provides coverage for accidental injury and illness, third party liability, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district, with coverage from the time of your departure from your home country until your return.
5. You must purchase return travel ticket before departure from the home country.
6. You must attend all orientations and trainings offered by the Sponsoring and host districts and clubs.
7. You must have sufficient financial support to assure your well-being during your exchange.
8. The host district and club, host family must approve any other travel in writing, exempting Rotary of responsibility and liability.
9. Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are your responsibility.
10. You should communicate with your host family, if applicable, prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
11. Talk with a Rotarian or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

1. Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
2. If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
3. Make an effort to learn the basics of the language of the host country.
4. Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved - do not wait to be asked.
5. 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.

Permission for Medical Care and Release from Liability

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

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

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

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

Applicant's Name

Applicant's Declaration

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

As the undersigned applicant I declare that:-,

- I have read and understood the Program Rules and Conditions of Exchange and agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.
- I am in good health and as a New Generations Service Exchange participant understand the importance of the role of an ambassador and, should I be chosen to represent my Sponsoring Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the details entered by me in this application and the attached documents are true and accurate to the best of my knowledge.
- I purchase round-trip air travel before I depart my home country;
- I attend all orientations and trainings offered by my sponsor and host districts and clubs, and return home after completion of my exchange.

Signed Applicant

Signed Witness (Rotary Club representative)

Date (dd.mm.yyyy)

Alternative Emergency Contact in home country, OTHER THAN A PARENT

Name

Home Address – Street

Town/City

State/Province

Postal Code

Country

E-Mail Address

Home Phone Number

Business Phone Number

Mobile Phone Number

Sponsoring Club and District Endorsement

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and having reviewed the application, hereby endorse the student as qualified for New Generations Service Exchange and recommend to hosting clubs and districts the acceptance of this applicant. The District agrees to provide adequate orientation to the applicant before departure.

Sponsoring District No.

Sponsoring Club Name

Sponsoring Club ID No.

Name of District NGSE Chair

Name of Club President

Name of Club

Signature of District NGSE Chair

Signature of Club President

Signature of Club Secretary

Date (dd.mm.yyyy)

Date (dd.mm.yyyy)

Date (dd.mm.yyyy)



Applicant's Name

Rotary District 2120

New Generations Service Exchange Program

Guarantee Form

Male Female

Full Legal Name as on passport or birth certificate (use capital letters for your FAMILY name) Name you wish to be called
Date of Birth (e.g. 23 April 1999) Citizen of (Country) Place of Birth (City, State, Country)
Home Address - Street Town/City State/Province Postal Code Country
E-Mail Address Home Phone Number Mobile Phone Number

Host District and Club

We, the Host Rotary Club and District will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and NGS Exchange volunteers and orientation for the participant upon his/her arrival. (if applicable for this exchange)

Host Country Host District No. Host Club Name Host Club ID No.
Name of District NGSE Chair Name of Club President Name of Club NGSE Officer (if applicable)
E-Mail Address of District NGSE Chair E-Mail Address of Club President E-Mail Address of Club NGSE Officer
Signature/Date Signature/Date Signature/Date

Host District or Club Counselor (Individual Exchanges only)

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

Host Family (if applicable)

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