

Rotary District

New Generations Service Exchange Program

Before you begin your application, please read the program instructions

1. Program Information

This application refers to the following New Generations S appropriate box):	ervice Program (please tick the
☐ Non Paid, Non Academic Internship	☐ Group Exchange

Smile!

Attach or insert a recent, goodquality 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

☐ Non Paid, Non Academic In	nternship	Exchange			
2. Applicant Informa	ition				
				☐ Male	☐ Female
Full Legal Name as on passport or birth	certificate (use capital letters for your FA	AMILY name) Name y	ou wish to be called		
Date of Birth (e.g. 23 April 1999)	Citizen of (Country)	Place of Birth (City,	• •		
Home Address – Street	Town/City	State/Province	Postal Code	Country	
E-Mail Address	Home Pl	none Number	Mobil	e Phone Number	
Member of INTERACT CLUB / ROTAL	RACT CLUB / other contact with ROTAF	RY and/or other Service organizat	ion		
3. Contact Person i	n the event of an em	ergency			
		3			
Full legal name as on Passport, use capit	al letters for FAMILY NAME	Relationship			
Home address – street	Town / City	State Posto	code Cou	ntry	
E-Mail address		Home Phone Number	M	Tobile Phone Number	
4. Sponsoring Distri	ct and Club Contacts	S			
Sponsoring District Number	Name of Sponsoring District You	uth Exchange Chair	E-Mail Address		
Address – Street	T own / City	State/Pro	vince Postcode	Country	
Address – Silver	1 Own/Cny	State/F10	vince Fostcode	Country	
Home Phone Number	Business Phone Numb	per	Mobile Phor	ne Number	
Sponsoring Rotary Club	Name of Sponsoring Rotary Ch	ub Youth Exchange Officer	E-Mail Address		
Address – Street	Town / City	State/Pro	vince Postcode	Country	
Home Phone Number	Business Phone Number	er	Mobile Phone Numb	er	

Preferred Period of Exchange Preferred Length of Exchange							
5. Personal Background							
Religion	Do you hav	ve any special requirements regard	ing religious observance? Pleas	e detail.			
□ Yes □ No							
Do you smoke or use tabacco products?	If yes, plea	se explain					
□ Yes □ No							
Do you drink alcohol?	If yes, plea	se explain					
□ Yes □ No							
Have you ever used illegal drugs?	If yes, plea	se explain					
Answering yes to any of these questions country.	will not neces	ssarily eliminate you as a candidate	e; however, special consideration	on may be required with	regards to host family or host		
☐ Yes ☐ No							
Do you have a driver's license?	If yes, plea	se 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					Writing		
7. Health Information							
Do you have any mental health	Do you have any mental health/medical/dental condition?						
Have you been treated for mental health/medical conditions in the past two years? ☐ Yes ☐ No							
Have you taken any prescribed medications in the past six months?							
Do you have any special health requirements (disabilities, allergies, etc.)?							
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.							
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Rotary District

New Generations Service Exchange Program

Applicant's Personal Background – Supplementary Information

8.	Individual	Exchange /	Internship	Information
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	- your achivemen	ts through the Rotary I	New Generations Serv	ice Exchange
Education				
Work Experience				
Additional Skills				
Special Interests /	Remarks			
Preferred Period of Exchange		Preferred L of Exchang	ength je	
Country of Priority	1.	2.	3.	



Rotary District

New Generations Service Exchange Program

Applicant's Personal Background – Supplementary Information

	8.	Group	Exchange
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What do you want to achive through the Rotary New Generations Service Ex	Change

What are	your school,	university	educational of	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.	



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 7. You must have sufficient financial support to assure your 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.
- 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 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 (I	Rotary Club representative	Date (dd.mn	ı.yyyy)
Alternative Emerç	gency Contact in hom	e country, OTHER TH	IAN A PARE	NT
Name				
Home Address – Street	Town/City	State/Province	Postal Code	Country
E-Mail Address	Home Phone Number	Business Phone Number	Mobile Phone N	lumber
Sponsoring Club	and Distrikt Endorser	ment		
hereby endorse the student	District specified within this section as qualified for New Generations Solution. The District agrees to provide additional section in the District agrees to provide additional section in the District agrees to provide a	Service Exchange and recommen	d to hosting clubs	and districts the
Sponsoring District No.	Sponsoring Club N	ame	Spons	oring Club ID No.
Name of District NGSE Chair	Name of Club Presi	ident Na	ame of Club	
Signature of District NGSE Chair	Signature of Club P	President Si	gnature of Club Secreta	nry
Date (dd.mm.yyyy)	Date (dd.mm.yyyy)	Da	ate (dd.mm.yyyy)	



Rotary District 2050

New Generations Service Exchange Program

Guarantee Form

				☐ Male ☐ Female
Full Legal Name as on passport or bir	th certificate (use capital letters for your FAMILY	name) Name	you wish to be called	d
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 N	umber	 Mol	bile Phone Number
Host District and C	lub			
typical of our country, and provide gu	ict will provide room and board in approved home idance and supervision to assure the applicant's w tion for the participant upon his/her arrival. (if application)	elfare. The host Rotary D	istrict agrees to prov	
Host Country	Host District No. Host Club Name		Host Club ID N	No.
Name of District NGSE Chair	Name of Club President		Name of Club	NGSE Officer (if applicable)
E-Mail Address of District NGSE Cha	ir E-Mail Address of Club Pres	ident	E-Mail Address	s of Club NGSE Officer
Signature/Date	Signature/Date		Signature/Date	
Host District or Clu	ib Counselor (Individual Exchar	nges only) E-Mail Adress		
Home Address – Street	Town/City	State/Province	Postal Code	Country
E-Mail Address	Home Phone N	imber	Mol	bile Phone Number
E Hull Muddess	Trone I noie IV	unioci	14101	one i none i vambei
Host Family (if applican	ble)			
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

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Names and Ages of any other Adults in the Home