

# Short Term Exchange Program CAMP Application Form

Form developed by Europe, Eastern Mediterranean and Africa (EEMA) Youth Exchange Regional Group, recognized by Rotary International

Rotary Sending District:	
Submit completed application to: The District/ Club Youth Exchange Officer should complete the adjacent box and add their District Number in the space above before passing on to the student for completion.	

Read all directions on each page carefully before completing the application.

If you are accepted for a camp this application will be sent to the hosting country and will serve as your introduction to the people who will organise your stay or host you.

#### **Components of Your Application**

- General Information: Pages 2 6 containing your Personal Information, Acceptance of the Rules and Conditions
- Supplementary Information
- Guarantee Form
- Copy of your passport

## **Completing your Application**

- The form is designed to be completed on a computer. Handwritten Application Forms will not be accepted.
- Answer all questions completely and as asked (do not write "same," "see above," or "see page").
   Enter the information into the space provided unless directed otherwise. To avoid any chance of misinterpretation, take care with your grammar and spelling.
- Wherever the application asks for your full legal name, enter your name exactly as it appears on your passport or birth certificate.
- The photo of yourself on Page 2 may be digitally inserted or attached. If attached, it must be an original photograph.
- In any case, follow the instructions of your Sending District or Sending Club.

#### Questions?

If you have any questions about completing this application, check with your local Rotary District or Club Youth Exchange Officer.



#### **Rotary Sending District:**

# **CAMP Application Form**

## **Personal Information**

with regards to host family or host country.

Before you begin your application, please read all instructions on the previous page

	h certificate <i>(use capital lett</i> i	ers for FAMILY na	ame, e.g., SMI	TH John)	Name You Wis	h to be Called	Female Male Non-binary
Date of Birth (e.g., 23 April 1999)	Citizen of (Cour	ntry)	Place of Birth (City, State			ovince, Country)	
Home Address – Street		Town/City	State/Provir		State/Province	nce Postal Code Country	
E-mail Address		 	Home Phone N	umber	N	 lobile Phone Nun	hber
2. Parent/Legal Guardia	n Information (Pret	erred but not es	ssential if app	olicant is	over 18 years	of age)	
Full Name of Parent 1#/Legal Guardian	1	F	Full Name of Pa	rent 2#/Le	gal Guardian		
E-mail Address	-	E	E-mail Address				
Home Phone Number	Mobile Phone Number	H	Home Phone Nu	umber	N	Mobile Phone Number	
Rotarian?	If yes, name of Rotary Cl	ub R	Rotarian?	If yes, name of Rotal			ary Club
Yes No			Yes	No			
Parent/legal guardian to contact fi	rst in the event of an em	ergency (specit	fy "Parent 1#	", "Parent	2#", etc.):		
		nt in home	country C	THER	THAN A PA	ARENT/GUA	RDIAN
Alternative Emergency	Contact for stude	iit iii iioiiie t	country, c	—			
Alternative Emergency	Contact for stude				Relationship		
	Home Phone Number		Business Phone		·	lobile Phone Nun	nber
Name	Home Phone Number				·	lobile Phone Nun	nber
Name E-mail Address  3. Personal Background	Home Phone Number	E	Business Phone	e Number	N		nber
E-mail Address  3. Personal Background Religion  Do you smoke or use tobacco products Yes No	Home Phone Number  Do you have any species? If yes, please explain.	E	Business Phone	e Number	N		nber
E-mail Address  3. Personal Background Religion  Do you smoke or use tobacco products	Home Phone Number	E	Business Phone	e Number	N		nber



Applicant's Name	
Rotary District No.	

#### 4. Languages

Your Native Language	Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)			
Non-Native Language(s)	How long studied	Speaking	Reading	Writing

#### 5. Health Information

Do you have dietary restrictions and/or allergies (vegetarian, vegan, nut, gluten, lactose, etc.)?	Yes	No
Do you have any mental health/medical/dental conditions?	Yes	No
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?	Yes	No
Do you have any special health requirements (disabilities)?	Yes	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 and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.

For more personal and background information please use Page 7.

#### **SENDING 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 application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents\* before the student's departure. \*(delete if applicant over 18)

Sending Club Name	Sending Club ID No.	Name of the Sending Rotary Club Representative/Interviewer					
E-mail Address	Home Phone Number	Mobile Phone Number					
Date (e.g., 23 April 2010)	Signature of the Sendin	g Rotary Club Representative					
Sending District No.	Name of District Youth E	Name of District Youth Exchange Chair or District YEO Responsible					
E-mail Address	Home Phone Number	Home Phone Number Mobile Phone Number					
Date (e.g., 23 April 2010)	Signature of District You	Signature of District Youth Exchange Chair or District YEO Responsible					



Applicant's Name	
Rotary District No.	

## Rules and Conditions of Exchange, Permissions and Declarations

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

- 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.
- 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.
- 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) 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.

- 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 sending Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 10) 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 sending Rotary club or district.
- 11) 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.
- 12) 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.
- 13) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 14) Any costs related to an early return home or any other unusual costs are the responsibility of you and your parents or legal guardians.
- 15) 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.
- 16) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 17) 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**

- 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.
- Make an effort to learn the basics of the language of the host country.
- 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.
- 4) Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse the costs you incur.
- If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.



Applicant's Name	
Rotary District No.	

#### 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, partners, and other volunteers must safeguard the children and young people they come in contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

#### **DECLARATION**

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

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

We attest that we have read and understand the Statement of Conduct for Working with Youth. 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.

#### **PRIVACY STATEMENT**

I have read the Privacy Policy of my sending District and agree that my personal details and data will be dealt with in accordance with its terms, including the recordings of my voice and image to promote Youth Exchange and the wider RI Youth program.

#### 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 page 3 'Health Information'.

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 abroad as a Rotary Youth Exchange student:

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

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

We agree to assume all financial obligations for any medical treatment rendered (whether or not covered by insurance).

#### Signatures (of parents/guardians not required if applicant is over 18 years of age)

Signed (Applicant)	Signed (Father/Guardian)	Signed (Mother/Guardian)
Witness (Sending Rotary club representative)	Signed (Witness)	Date (e.g., 01/Jan/2006)



Applicant's Name	
Rotary District No.	

# **Camp and District Endorsement – Guarantee Form**

Full Legal Name as on passport or birth certificate (use capital letters for your				our FAMILY	(LY name, e.g., SMITH John)  Name you wish to be called		Female Male Non-binary			
Place of Birth (City, State/Province, Country)					Citizen of (Co	ountry)		Dat	e of Birth (e.g.	, 23 April 1999)
Home Address – Street	et To			own/City	own/City		State/Provir	nce	Postal Code	Country
E-mail Address				Home Phone	Number		Мо	bile Phone Nu	mber	
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The Rotary District an invite the applicant to applicant's welfare. The orientation for the students and the students are the students and the students are the	d Camp Org participate in ne host Rota	janisation C n Rotary eve ry District a	ommittee, where ents and activitie grees to provide	s typical	of our country	, and provid	de guidance	and	supervision	to assure the
Host Country	Host Distric	t No.		Name o	f the Camp (and	d/or Host Club	of the Camp,	, if ap	plicable)	
Name of District Youth Ex	I change Chair	or District YE	O Responsible	Name o	f Camp Commit	ttee Chair (an	d/or Host Club	Can	np Representa	tive, if applicable)
E-mail Address of District	Youth Excha	nge Chair		E-mail A	Address of Cam	p Committee	Chair (and/or	Host	Club Camp Re	epresentative, if appl.)
Signature of District Youth Exchange Chair or District YEO Responsible Sign				Signatu	re of Camp Con	nmittee Chair	(and/or Host (	Club (	Camp Represe	entative, if applicable)
Date	Date Mobile Phone Number			Date Mobile Phone Number						
HOST DISTRICT	or CLUB	COUNSEL	.OR							
Name					E-mail Addres	SS				
Home Phone Number		Business P	hone Number	Mobile Phone Number						
HOST FAMILY (	if annlicahl	(م)					<u> </u>			
Name of Host Parent 1#	п аррпсаы	<del>c</del> )	Host Parent 1#	E-mail Add	dress		Business Pho	ne	Mobil	e Phone
Name of Host Parent 2#			Host Parent 2#	E-mail Add	-mail Address Business Phone		Mobile Phone			
Host Family Home Addre	ss – Street		To	Fown/City State/Province Postal Code		Country				
Home Phone Number	Home Phone Number Names and Ages of any Othe			er Adults in	the Home					
ACCOMMODAT	ION (if not	hosted by	a Host Family	1						
If the camp is moving from					modation place	-				
Form of accommodation (	(e.g. Youth Ho	ostels, Campu	ses, Dormitories,	tented Car	mps, etc.)					
Name of the place/accom	modation		Address				Town/City			Postal Code



Applicant's Name	
Rotary District No.	

# **Supplemental Information**

### **Applicant's Personal Background**

Please answer the following questions:

What are your free time activities?
What are your school, college or university education attainments and vocation?
What are year earlies, earliege of animorously earlied are treatment.
What are your special interests, skills and accomplishments?
Could you contribute to entertainment (e.g. play musical instrument etc.)?
Godia you contribute to entertainment (e.g. play musical moturnent etc.):
What is the reason for your program participation?
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What is the reason for your program participation?
What is the reason for your program participation?  Other personal remarks.