
Rotary Youth Exchange New Generations Exchange Program (NGE) Application

Form developed by Europe, eastern Mediterranean and Africa (EEMA) Youth Exchange Conference and promoted by Rotary International



Rotary District New Generations Exchange Program

Submit completed application to:

The adjacent box should be completed by the District or Club Youth Exchange Officer (or, if relevant, the administration office) who will also add the appropriate District Number to the text above.

General Information and Instructions

This form is designed to be fillable and saveable using Adobe Reader. It may not retain these attributes if using another pdf program. Adobe Reader is available as a free download from <http://get.adobe.com/reader>

Types of New Generations Exchange Programs

New Generations Exchange (Ages 18-25) **General Application Pages 3-7 and Supplementary Page**

This program is closing the age gap between classical Youth Exchange and Group Study Exchange (GSE).

- **Individual exchanges** can last up to 3 months and programs be designed to include language tuition and professional, vocational or social work experience (without pay).
- **Group exchanges** are of 3-6 weeks duration and are normally for between 6-10 young people often under the leadership of a Rotarian or Rotarian couple. Activities may cover history, culture, economy, specific vocations, community issues, tourism or sport.

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

If you are accepted into the short term program this application will be sent to the hosting country and will serve as your introduction to the people who will organize your stay or host you.

Components of Your Application

- General Information: Pages 3 - 7 containing your Personal Information, Acceptance of the Rules and Conditions and the Guarantee Form;
- Supplementary Page or CV and Personal Statement dependent upon the program in which you will participate;
- Copy of your passport or birth certificate.

Completing your Application

The form is designed to be completed on a computer and unless there are special circumstances which prevent computer generated applications then this is the preferred method.

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.

If completing by hand your application *must* be legible. Particular care should be taken with email addresses. Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate**. On pages that have a box in the upper right-hand corner marked "Applicant Name", enter the preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

Printing Your Application and Signing the Forms

You must submit four complete printed sets of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good quality photocopies. **On all copies the signatures must be ORIGINAL.** To achieve this:

1. Complete the application form but do not sign it.
2. Print four sets of the completed application (if completing by hand, make three good-quality photocopies of the original).
3. Add your signature and those of your parents/legal guardians to all copies.

The photo of yourself on Page 3 may be digitally inserted or attached. If attached it must be an original photograph on all four sets, not a color photocopy, The photos submitted as part of Supplementary Page A may also be digitally inserted but, if attached, must include at least one set of originals. The other three sets may be good-quality color photocopies.

If you have been told that the form can be submitted electronically then the completed form should be saved as (yourname).pdf and submitted with a separate copy of Page 6 complete with all signatures.

To insert digital photographs using Adobe Reader

Open a new document in WORD. Select Insert > Picture then select the photo from file and click 'Insert' button. Drag corner of photo to resize to approximately 5.5cm x 6 cm (2in. x 2.5in.) then position cursor over photo> right click> left click on 'copy' from drop down menu.

Open the STEP Application Form in Adobe Reader and go to page 3.

If using **Adobe Reader 9** select Tools > Comment & Mark Up > Stamps > 'Paste Clipboard Image as Stamp Tool'.

If using **Adobe Reader X** select Comment> Annotations> left click on stamp icon> left click on 'Paste Clipboard Image as Stamp Tool'.

Position stamp shaped cursor over box headed '**Smile!**'> double left click> resize and position photo.

NOTE:- When printing the form the 'Documents and Stamps' setting must be selected in the 'Comments and Forms' box of the Print Set Up otherwise the photo will not be printed.

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 instructed.

Data Protection

Your information will be shared with Rotary International, the Sending and Hosting Rotary Districts Youth Exchange Organizations' and Clubs, your appointed counselor and host families. It will only be used for official RI business and not sold to or shared with other third parties, unless required by law to be released.

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



Rotary District New Generations Exchange Program Personal Information

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

Smile!

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

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

If using Adobe Reader to complete this form Digital Photos may be placed here
See instructions on Page 2

1. Program Information

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

| | |
|-------------------------------------|--------------------------------|
| New Generations Individual Exchange | New Generations Group Exchange |
|-------------------------------------|--------------------------------|

2. Applicant Information

| | | | | | |
|---|-------------------------------|---|---------------------|---------|--|
| Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>) | | Name You Wish to be Called | | Male | |
| | | | | Female | |
| Date of Birth (<i>e.g., 23/April/1999</i>) | Citizen of (<i>Country</i>) | Place of Birth (<i>City, State/Province, Country</i>) | | | |
| Home Address – Street | Town/City | State/Province | Postal Code | Country | |
| Postal Address (<i>if different</i>) - Street | Town/City | State/Province | Postal Code | Country | |
| E-mail Address | Home Phone Number | | Mobile Phone Number | | |
| | | | | | |

3. Parent/Legal Guardian Information (*Completion preferred but not essential*)

| | | | | | |
|--|--|--------------------------|----------------|-----------------------------|---------|
| Full Name of Father/Legal Guardian | | Rotarian? Yes No | | If yes, name of Rotary Club | |
| Address – Street | | Town/City | State/Province | Postal Code | Country |
| E-mail Address | | Home Phone Number | | Mobile Phone Number | |
| Occupation | | Business Phone Number | | Fax Phone Number | |
| Full Name of Mother/Legal Guardian | | Rotarian? Yes No | | If yes, name of Rotary Club | |
| Address – Street | | Town/City | State/Province | Postal Code | Country |
| E-mail Address | | Home Phone Number | | Mobile Phone Number | |
| Occupation | | Business Phone Number | | Fax Phone Number | |
| Parent/legal guardian to contact first in the event of an emergency (<i>specify "Father", "Mother", etc.</i>): | | | | | |
| <input type="checkbox"/> Check here if your parents are divorced or separated. | | | | | |

| | |
|-------------------------|--|
| Applicant's Name | |
|-------------------------|--|

4. Personal Background

| | |
|--|---|
| Religion | <i>Do you have any special requirements regarding religious observance? Please detail:-</i> |
| Dietary Restrictions | <i>(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...)</i> |
| 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. |

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.

5. Languages

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

6. Health Information

| | | |
|---|-----|----|
| 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, allergies etc.)? | 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 the Supplementary Page.

7. Sending District and Club Contacts *(to be completed by Sending Rotary Club and District representatives)*

| | | | | | | |
|-------------------------|-----------------------|---|---------------------|----------------|-------------|---------|
| Sending District Number | | Name of Sending District Youth Exchange Chair | | E-mail Address | | |
| Address – Street | | | Town/City | State/Province | Postal Code | Country |
| Home Phone Number | Business Phone Number | | Mobile Phone Number | | Fax Number | |
| Sending Rotary Club | | Name of Sending Club Youth Exchange Officer | | E-mail Address | | |
| Address – Street | | | Town/City | State/Province | Postal Code | Country |
| Home Phone Number | Business Phone Number | | Mobile Phone Number | | Fax Number | |



| | |
|------------------|--|
| Applicant's Name | |
|------------------|--|

Rotary District New Generations Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

As a Youth 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) 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.
- 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) 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.
- 7) You must purchase return travel ticket before departure from the home country.
- 8) You must attend all orientations and trainings offered by the sending and host districts and clubs.
- 9) 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.
- 10) 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. The host district and club, host family must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 11) You must return home directly by a route mutually agreeable to your host district.
- 12) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are your responsibility.
- 13) 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.
- 14) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits may only take place with the consent of the host club and district and within their guidelines.
- 15) Talk with your host counselor 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) Avoid serious romantic activity. Abstain from sexual activity.
- 6) 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.
- 7) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 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.

| | |
|------------------|--|
| Applicant's Name | |
|------------------|--|

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 Rotary Youth 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 have read and understand the Statement of Conduct for Working with Youth. I understand that all Rotarians and host families are expected to have read and understood this statement. I understand that I will be provided with training and written material on whom to contact and procedures I must follow should I encounter any form of abuse or harassment.
- I am in good health and as a Rotary Youth Exchange participant understand the importance of the role of a youth ambassador and, should I be chosen to represent my sending 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 detail entered by me in this application and the attached documents are true and accurate to the best of my knowledge.

| | | |
|--------------------|--|--------------------------|
| Signed (Applicant) | Witness (Sending Rotary club representative) | Date (e.g., 01/Jan/2006) |
|--------------------|--|--------------------------|

Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

| | | | | | |
|-----------------------|-------------------|-----------------------|---------------------|-------------|---------|
| Name | | Relationship | | | |
| Home Address – Street | | Town/City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number | Business Phone Number | Mobile Phone Number | | |

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 District No. | Sending Club Name | Sending Club ID No. |
| Name of District Youth Exchange Chair | Name of Club President | Name of Club Secretary / YEO |
| Signature of District Youth Exchange Chair | Signature of Club President | Signature of Club Secretary/YEO |
| Date (e.g., 23/April/2010) | Date (e.g., 23/April/2010) | Date (e.g., 23/April/2010) |



| | |
|------------------|--|
| Applicant's Name | |
|------------------|--|

Rotary District New Generations Exchange Program Guarantee Form

| | | | | | | |
|---|--|-------------------------------|--|--|-------------|---------|
| Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name; e.g., SMITH John David</i>) | | Name You Wish to be Called | | Male Female | | |
| Place of Birth (<i>City, State/Province, Country</i>) | | Citizen of (<i>Country</i>) | | Date of Birth (<i>e.g., 01/Jan/1999</i>) | | |
| Home Address – Street | | Town/City | | State/Province | Postal Code | Country |
| E-mail Address | | Home Phone Number | | Mobile Phone Number | | |

SENDING CLUB and DISTRICT

| | | | | | |
|---------------------------------------|--|------------------------|--|------------------------------|--|
| Sending District No. | | Sending Club Name | | Sending Club ID No. | |
| Name of District Youth Exchange Chair | | Name of Club President | | Name of Club Secretary / YEO | |

HOST DISTRICT and CLUB GUARANTEE (*if applicable - Individual Exchanges only*)

The Rotary District, and Rotary Club where specified within this section, 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 Youth Exchange volunteers and orientation for the student upon his/her arrival.

| | | | | | |
|---|-------------------|---------------------------------------|-------------------|---|-------------------|
| Host Country | Host District No. | Host Club Name | | | Host Club ID No. |
| Name of District Youth Exchange Chair | | Name of Host Club President | | Name of Host Club Secretary / YEO | |
| E-mail Address of District Youth Exchange Chair | | E-mail Address of Host Club President | | E-mail Address of Host Club Secretary / YEO | |
| Signature of District Youth Exchange Chair | | Signature of Host Club President | | Signature of Host Club Secretary / YEO | |
| Date | Home Phone Number | Date | Home Phone Number | Date | Home Phone Number |

HOST DISTRICT or CLUB COUNSELOR (*Individual Exchanges only*)

| | | | | | | |
|-------------------|-----------------------|-----------|---------------------|----------------|-------------|---------|
| Name | | | E-mail Address | | | |
| Address – Street | | Town/City | | State/Province | Postal Code | Country |
| Home Phone Number | Business Phone Number | | Mobile Phone Number | | Fax Number | |

HOST FAMILY (*if applicable*)

| | | | | | | | |
|-----------------------------------|--|------------------------------|--|----------------|-------------|--------------|--|
| Name of Host Father | | Host Father's E-mail Address | | Business Phone | | Mobile Phone | |
| Name of Host Mother | | Host Mother's E-mail Address | | Business Phone | | Mobile Phone | |
| Host Family Home Address – Street | | Town/City | | State/Province | Postal Code | Country | |
| Home Phone Number | Names and Ages of any Other Adults in the Home | | | | | | |



Applicant's Name

Rotary District New Generations Exchange Program

Applicant's Personal Background - Supplemental information (Individual or Group)

Individual Exchange: - Please send your CV and write a personal statement to introduce yourself to the host Rotary Club and to the organization offering the work experience placement or internship. You should include details of your plans and ambitions for your future education and career; what you specifically hope to achieve through your NGE experience; your interests, talents and accomplishments.

Group Exchange: - Please answer the following questions:-

| |
|---|
| What are your free time activities? |
| What are your school, college or university educational attainments or vocation? |
| What are your special interests and accomplishments? |
| Do you have special skills? |
| Could you contribute to entertainment? (<i>e.g. play musical instrument etc.</i>) |
| What is the reason for your programme participation? |
| Do you wish to exchange to a particular country? (<i>Please state which country and whether you have any knowledge of it, have visited it before and the reason for your specific interest</i>) |
| What are your future plans and goals? |
| Other personal remarks. |

Supplementary Page