



# 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 (*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

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 New Generations Service 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 / NGSE Officer      E-Mail Address

Address – Street      Town / City      State/Province      Postcode      Country

Home Phone Number      Business Phone Number      Mobile Phone Number

Preferred Period of Exchange		Preferred Length of Exchange	
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**Applicant's Name**

### 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** *(Please explain in detail)*

**Work Experience** *(Please explain in detail)*

**Additional Skills** *(Please explain in detail)*

**Special Interests / Remarks** *(Please explain in detail)*

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? *(Please explain in detail)***

**What are your special interests and accomplishments? *(Please explain in detail)***

**Do you have special skills? *(Please explain in detail)***

**What are your freetime activities? Remarks *(Please explain in detail)***

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.

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**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.

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Signed Applicant	Signed Witness (Rotary Club representative)	Date (dd.mm.yyyy)
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**Alternative Emergency Contact in home country, OTHER THAN A PARENT**

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Name

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Home Address – Street	Town/City	State/Province	Postal Code	Country
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E-Mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number
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**Sponsoring Club and Distrikt 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.

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Sponsoring District No.	Sponsoring Club Name	Sponsoring Club ID No.
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Name of District NGSE Chair	Name of Club President	Name of Club Secretary
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Signature of District NGSE Chair	Signature of Club President	Signature of Club Secretary
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Date (dd.mm.yyyy)	Date (dd.mm.yyyy)	Date (dd.mm.yyyy)
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Applicant's Name

Rotary District

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