

Before you begin your application, be sure to read all instructions on the prior page.

| Delore you begin your appli | iodiiori, De | Suit lu | read all ills | ii delions 0 | ni uie pi | ioi page. | | | | |
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| . Program Information | | | | | | | | | | |
| This application refers to the following Ne | ew Generation | s Exchang | ge Program (plea | se tick the app | ropriate bo | x): | | | | |
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| Non Paid, Non Academic Intership ■ | | | | Group Ex | change | | | | | |
| , тапана плоготр | | | | | | | | | | |
| 2. Applicant Information | | | | | | | | | | |
| Full Legal Name as on passport or birth | certificate (use | capital let | tters for your FAN | اللا name; e.و | g., SMITH J | lohn David) | Name \ | You Wish to | be Called | Gende |
| | | | | | | | | | | |
| Date of Birth (e.g., 23/April/1999) | Citize | n of (Cour | ntry) | | Place of | Birth (City, Sta | ate/Provin | ice, Country | ') | |
| Jomo Address Christi | | | Town /Ott | | State/Province | | ID=-/ ** | 2045 | - Io- · | ., |
| Home Address - Street | | | Town/City | | State/Pro | OVITICE | Postal (| Code | Country | у |
| Postal Address (if different) - Street | | | Town/City | | State/Pro | ovince | Postal (| Code | Country | у |
| · | | | | | | | | | | |
| E-mail Address | | | • | Home Phone | Number | | Mobile | Phone Num | ber | |
| | | | | | | | <u> </u> | | | |
| 3. Contact Person in the eve | ent of an | emerge | encv | | | | | | | |
| Name | J VI all (| <u>v.y(</u> | - j | | Relation | ship | | | | |
| | | | | | | | | | | |
| Home Address - Street | | Town/City | | State/Province | | Postal Code (| | Country | y | |
| E-mail Addraga | | | Home Phan M | umbor | Duele | Dhone Mire 1 | <u></u> | Mobile Di | no Number | |
| E-mail Address | | | Home Phone Number | | Business Phone Numb | | per Mobile Phone Number | | | |
| | | | 1 | | | | | | | |
| I. Sponsoring District and (| | | | | | | | | | |
| Sending District Number | Name of Send | ding Distric | ct Youth Exchang | | E-mail A | ddress 370jpd@g | mail c | om | | |
| | Pierre | | | | | | | | | |
| Address - Street 20a rue du Riez | | | Town/City Templeuve | | State/Pro | | Postal (| | Country | • |
| LVA I UC UU KICZ | | | empleuve | - | Hauts Franc | | J324, | ~ | Franc | C C |
| Home Phone Number | | | Phone Number 033(0)32045 | 5403 | <u> </u> | Moblie Phone +33(0)03 | | | , | |
| | | | | | E manife A | | -(0)00 | -10 10/3/ | | |
| | | | Youth Exchange LEAU, Isabe | | E-mail A herve | .massez@ | gfree.f | r | | |
| Address - Street 40 rue Alfred de Musset | | | Town/City | | State/Pro | | Postal (| Postal Code Country | | |
| TO THE AILIEU HE WIUSSEL | | | Lille | | Hauts Franc | | 3900 | U | Fran | CE |
| Home Phone Number | I | | Phone Number | | , | Moblie Phone | | | 1 | |
| +33(0)033(0)621230077 | | +33(0) | | | | +33(0)033(0)621230077 | | | | |
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| Do you have any special requirements regarding religious observance? Please detail: | referred Period of Exchange | | | Preferred Lengthof Exchange | |
|--|---|--|--------------------------------------|--|---|
| Personal Background So you have any special requirements regarding religious observance? Please detail: | ountry of Priority | | | | |
| Do you have any special requirements regarding religious observance? Please detail: Poyou smoke or use tobacco products? | <u> </u> | | | | |
| o you smoke or use tobacco products? If yes, please explain. or you drink alcohol? If yes, please explain. If yes, please explain. If yes, please explain. If yes, please explain. Inswering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to his may be required with regards to his production. If yes, please explain. If yes, please explain. If yes, please explain. Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) on-Native Languages On-Native Language(s) Non-Native Language(s) If yes, please explain. Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) If yes, please explain. Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language On-Native Language(s) Years Speaking Reading Writing Writing Health Information O you have any mental health/medical/dental conditions? Yes \(\times \) No ave you taken any prescribed medications in the past six months? Yes \(\times \) No O you have any special health requirements (disabilities, allergies etc.)? | . Personal Background | | | | |
| o you drink alcohol? If yes, please explain. ave you ever used illegal drugs? If yes, please explain. If yes, please | eligion | Do you have | any special require | ements regarding religious observance | e? Please detail: |
| ave you ever used illegal drugs? If yes, please explain. If yes, please explain. If yes, please explain. If yes, please explain If yes, please explain If yes, please explain If yes, please explain Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Languages On-Native Language(s) If years Studied Speaking Reading Writing Writing Health Information Or you have any mental health/medical/dental conditions? ave you been treated for mental health/medical conditions in the past two years? Or you have any special health requirements (disabilities, allergies etc.)? | o you smoke or use tobacco products? | If yes, please | explain. | | |
| ave you ever used illegal drugs? If yes, please explain. Inswering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to 1 milly or host country. It yes, please explain Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Languages Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Presidency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Presidency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Presidency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Years Studied Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Years Studied Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Years Studied Years No No you have any mental health/medical/dental conditions? Yes No ave you taken any prescribed medications in the past six months? Yes No No No you have any special health requirements (disabilities, allergies etc.)? | | | | | |
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| If yes, please explain Languages Dur Native Language Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) On-Native Language(s) Years Speaking Reading Writing Health Information Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) January Proficiency in Native Lang | ave you ever used illegal drugs? | If yes, please | explain. | | |
| Languages Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) | | not necessarily el | iminate you as a c | andidate; however, special considerat | ion may be required with regards to ho |
| Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent) Ion-Native Language(s) Years Studied Speaking Reading Writing | o you have a driver's licence? | If yes, please | explain | | |
| Ion-Native Language(s) Years Studied Reading Writing Health Information Or you have any mental health/medical/dental conditions? Have you been treated for mental health/medical conditions in the past two years? Ave you taken any prescribed medications in the past six months? | | | | | |
| lo you have any mental health/medical/dental conditions? Yes No | on-Native Language(s) | | Speaking | Reading | Writing |
| oo you have any mental health/medical/dental conditions? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No | on-Native Language(s) | | Speaking | Reading | Writing |
| lo you have any mental health/medical/dental conditions? | | | | | |
| o you have any mental health/medical/dental conditions? Yes No No ave you been treated for mental health/medical conditions in the past two years? Yes No ave you taken any prescribed medications in the past six months? Yes No o you have any special health requirements (disabilities, allergies etc.)? Yes No | | | | | |
| o you have any mental health/medical/dental conditions? ave you been treated for mental health/medical conditions in the past two years? ave you taken any prescribed medications in the past six months? ave you taken any special health requirements (disabilities, allergies etc.)? | | | | | |
| Do you have any mental health/medical/dental conditions? ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No | | | | | |
| lave you been treated for mental health/medical conditions in the past two years? Yes No No No Yes No No | | | | | |
| lave you been treated for mental health/medical conditions in the past two years? Yes No No No Yes No No | . Health Information | | | | |
| ave you taken any prescribed medications in the past six months? □ Yes □ Yes □ No □ Yes □ No | | al conditions? | | □Yes | ⊠No |
| o you have any special health requirements (disabilities, allergies etc.)? ☐ Yes ☒ No | o you have any mental health/medical/dent | | the past two years | | |
| | o you have any mental health/medical/dent ave you been treated for mental health/med | dical conditions in | | ? | ⊠No |
| YOU HAVE ANSWELLED I LEG TO ALLY OF THE ADOVE DIEASE EXDIGIT TORY III THE SDACE DELOW DIOVIDING AS DIOCH HIDDINGHIOL AS DIOSSIDIE THE HIDDINGHIOLOGICAL PROPERTY. | o you have any mental health/medical/dent lave you been treated for mental health/med lave you taken any prescribed medications | dical conditions in | nths? | Yes ☐ Yes | ⊠ No ⊠ No |
| nedication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary. | Do you have any mental health/medical/dent dave you been treated for mental health/med dave you taken any prescribed medications Do you have any special health requirements | dical conditions in in the past six mon s (disabilities, aller | nths? gies etc.)? | ? | ⊠ No ⊠ No ⊠ No |
| | Do you have any mental health/medical/dent dave you been treated for mental health/med dave you taken any prescribed medications Do you have any special health requirements | dical conditions in in the past six mon s (disabilities, aller ove please explain | nths? gies etc.)? fully in the space | Yes ☐ Yes ☐ Yes ☐ Yes ☐ below providing as much information | ⊠ No ⊠ No ⊠ No as possible, including the name of any |

Applicant's Name

| Applicant's Name , | Applicant's Name | , |
|--------------------|------------------|---|
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Rotary District 1670

New Generations Exchange Program

Applicant's Personal Background – Supplementary Information

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.

8. Individual Exchange / Internship Information

| 8. Individual Exchange / Internship Information | |
|---|--|
| professional activity like mine, we must have met as many people as possible. Promprehension of others. I am aware that psychology as a whole is not the same do the individuals, their way of thinking, and their life-styles. What I want to have knowledge to help and to make a difference. | ause what I want to achieve in my life, is to help people. Yet in order to help we erspective. During this time abroad with the Rotary, I would like to get an n put my knowledge into practice and gain experience. I believe that to practice a eople from every corner of the world, every culture, to enrich our acceptance, our |
| Education | |
| I gratuated high school with honors, I am now a student in psychology, I will be a | ttending my second year of licence this september 2019 |
| Work Experience | |
| I have had a student job at a supermarket for 6 months. | |
| Additional Skills | |
| - | |
| Special Interests / Remarks | |
| | |
| Preferred Period of Exchange | Preferred Lengthof Exchange |
| Country of Priority | |
| , , | |
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Rotary District 1670 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. 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.

- 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.
- 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:
 - 1. 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.
 - 2. I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
 - 3. 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 | , |
|------------------|---|

Date (dd/mm/yyyy)

APPLICANT'S DECLARATION

Signed (Applicant)

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:

- 1. 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.
- 2. 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.
- 3. 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

Witness (Sending Rotary club representative)

| Alternative Emergency Contact | in home country, OTHER TH | IAN A PARENT | |
|--|--|-----------------------------------|--|
| Name , | - | Relationship | |
| Home Address - Street | Town/City | State/Province | Postal Code Country |
| E-mail Address | Home Phone Number | Business Phone Numbe | r Mobile Phone Number |
| Sponsoring Club and DISTRICT | ENDORSEMENT | | |
| The Rotary Club and Rotary District specified vapplication, hereby endorse the student as quadistrict agrees to provide adequate orientation | alified for Rotary Youth Exchange and reco | mmend to hosting clubs and distri | icts the acceptance of this student. The |
| Sponsoring District No. | Sponsoring Club Name | | Sponsoring 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 Secre | tary/YEO |
| Date (dd/mm/yyyy) | Date (dd/mm/yyyy) | Date (dd/mm/yyyy) | |

| Applicant's Name | , |
|------------------|---|
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Rotary District 1670

New Generations Exchange Program

Guarantee Form

| Full Legal Name as on passport or birth certificate (use capital letters for your , | | | | MILY name) | Name You Wish to be Calle | | | alled | Gender | |
|---|--|---|--|-----------------------|----------------------------|------------------------|---------------|----------|---------|-------|
| Place of Birth (City, Sta | ate/Province, Country) | Citizen of (Country) | | | Date of Birth (e.g., 01/Ja | | Jan/1999) | | | |
| Home Address - Street | | 1 | Town/City | | State/Province | Post | al Code | | Country | , |
| E-mail Address | | | | Home Phone N | lumber | Mob | ile Phone N | umber | | |
| HOST DISTRICT | and CLUB GUA | RANTEE | | <u>l</u> | | | | | | |
| The Rotary District, and Rotary club and district | d Rotary Club where spe events and activities typ de adequate training for h | cified within this s ical of our country | y, and provide gi | uidance and sup | ervision to assure | e the applica | nt's welfare. | The ho | | |
| Host Country | Host District No. | Host Club Name | е | | | | Host Clu | ub ID No |). | |
| Name of District Youth Exchange Chair Name of Host Club Presid | | | Club President | | Name of Host C | lub Secretary | //YEO | | | |
| E-mail Address of District Youth Exchange E-mail Address of Host Chair | | of Host Club Pre | resident E-mail Address of Host Club Secretary/YEO | | | | | | | |
| Signature of District Yo | uth Exchange Chair | Signature of Ho | st Club Presiden | nt | Signature of Hos | st Club Secre | etary/YEO | | | |
| Date | Home Phone Number | Date | | Home Phone N | lumber | Date | | Home F | hone N | umber |
| HOST DISTRICT | or CLUB COUN | SELOR (Inc | dividual Exc | changes or | nly) | | | | | |
| Name | | | | E-mail Address | ; | | | | | |
| Home Address - Street | | | Town/City | | State/Province | Post | al Code | | Country | , |
| E-mail Address | | Home Phone Number | | Business Phone Number | | er Mobile Phone Number | | | | |
| HOST FAMILY (if a | 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 | | | |
| Home Address - Street | | | Town/City | | State/Province | Postal 0 | Code | Count | ry | |
| Home Phone Number | | Names and Age | es of any Other A | Adults in the Hor | ne | <u> </u> | | 1 | | |

| Applicant's Name | , |
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Motivation Letter