Rotary District 1770

New Generations Service Exchange Program

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

1. Program Information

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

☒ Non Paid, Non Academic Intership	☐ Group Exchange

2. Applicant Information

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

3. Contact Person in the event of an emergency

Name		Relationship		
VIGOUREUX, Pascal		**Father**		
Home Address - Street	Town/City	State/Province	Postal Code	Country
7bis rue Marie Edmée	**Chelles**	**Seine-et-Marne**	**77500**	**France**
E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number	
pasvig@hotmail.com	**+33(0)650213716**	**+33(0)**	**+33(0)650213716**	

4. Sponsoring District and Club Contacts

Sending District Number	Name of Sending District Youth Exchange Chair	E-mail Address		
1770	**GAUTIER, Patrick**	**patrickgautier.rotary@gmail.com mail.com**		
Address - Street	Town/City	State/Province	Postal Code	Country
424 rue de l'église	**Mondescourt**	**Oise**	**60400**	**FRANCE**
Home Phone Number	Business Phone Number	Moblie Phone Number		
+33(0)33612464072	**+33(0)33612464072**	**+33(0)33612464072**		
Sending Rotary Club	Name of Sending Club Youth Exchange Officer	E-mail Address		
Villiers-sur-Marne	**LISTWAN, Nathalie**	**nath-phil@neuf.fr**		
Address - Street	Town/City	State/Province	Postal Code	Country
16 avenue Victor Hugo	**Villiers sur Marne**	**Val de Marne**	**94350**	**France**
Home Phone Number	Business Phone Number	Moblie Phone Number		
+33(0)33698514948	**+33(0)33698514948**	**+33(0)33698514948**		

Applicant's Name	,

Preferred Period of Exchange	Preferred Lengthof Exchange
Country of Priority , ,	

5. Personal Background

Religion	Do you have any special requirements regarding religious observance? Please detail:
Do you smoke or use tobacco products?	If yes, please explain.
Do you drink alcohol?	If yes, please explain.
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.	
Do you have a driver's licence?	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 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.

Applicant's Name	,

Rotary District 1770

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

Career Objective – your achivements through the Rotary New Generations Service Exchange -
Education -
Work Experience -
Additional Skills -
Special Interests / Remarks -

Preferred Period of Exchange	Preferred Lengthof Exchange
Country of Priority **, ,**	

Applicant's Name	,

Rotary District 1770
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.

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:

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	,

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:

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.
4. 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)	Witness (Sending Rotary club representative)	Date (dd/mm/yyyy)

Alternative Emergency Contact in home country, OTHER THAN A PARENT

Name		Relationship		
BOURGEAIS, Marie		**Friend**		
Home Address - Street	Town/City	State/Province	Postal Code	Country
1 rue l'Orée du Parc	**La Chapelle Saint Aubin**	**-**	**72650**	**France**
E-mail Address	Home Phone Number	Business Phone Number		Mobile Phone Number
marie.bourgeais@hotmail.fr	**+33(0)#8237;0676116[illegible]**	**+33(0)#8236;**		**+33(0)**

Sponsoring 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)		
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
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Signature of District Youth Exchange Chair	Signature of Club President	Signature of Club Secretary/YEO
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

Applicant's Name	,

Rotary District 1770

New Generations Exchange Program

Guarantee Form

Full Legal Name as on passport or birth certificate (use capital letters for your FAMILY name) ,	Name You Wish to be Called	Gender

Place of Birth (City, State/Province, Country)	Citizen of (Country)	Date of Birth (e.g., 01/Jan/1999) //

Home Address - Street	Town/City	State/Province	Postal Code	Country

E-mail Address	Home Phone Number	Mobile Phone Number

HOST DISTRICT and CLUB GUARANTEE

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

Home Address - Street	Town/City	State/Province	Postal Code	Country

E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone 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

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	,

Motivation Letter

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