



PRELIMINARY OUTBOUND STUDENT AMBASSADOR APPLICATION FOR INTERVIEW

Rotary Youth Exchange District 5130 – Part 1

Male
 Female
 Non-binary

Full Name _____

Street Address _____

City, State, Zip Code _____

Telephone _____ Email _____

Date of Birth, Place of Birth (City, State) _____

Current High School _____ Anticipated Graduation Date _____

GPA _____ Favorite Course _____ Least Favorite _____

Languages Studied (Other than English) _____ Years studied _____

School Activities _____

Current Employer? _____ Hours per week _____

Do you smoke? Y N Drink alcohol? Y N Have any traffic violations? Y N
 Are you or have you been treated for: Depression? Y N Anxiety? Y N
 Frequent Migraines? Y N Have any eating disorder? Y N

Are you receiving treatment for any other medical condition? Y N If yes, describe:

Do you have a surgery scheduled or been told that you need surgery? Y N If yes, describe:

Have you had all vaccinations required by CA schools? Y N

Do you have allergies or dietary limitations? Y N If yes, describe:

Applicant Signature: _____ Date: _____

*****Please also complete Parts 2, 3, & 4 and review submission instructions*****

Preliminary Application **Part 2:** Individual Essay

Provide an essay and tell us why we would be proud to sponsor you as a Rotary Youth Exchange Student Ambassador. Please include details about your background, personality, or people skills that you feel would be relevant to your application. Feel free to blow your own horn!

The individual essay must be typed; be between 1 and 3 pages long, and must include a current photo.

Here are potential questions you might want to consider as you prepare your essay:

- Do you have any experience with interacting with people from another culture?
- Do you have any experience speaking a foreign language?
- Have you ever traveled outside of the USA?
- Have you ever traveled in the USA?
- Have you been away from your family for an extended period of time?
- What subjects do you like in school?
- Have you been involved in extracurricular activities such as sports, drama, or leadership?
- Do you enjoy speaking in public? Do you have good communication skills?
- Are you flexible? Can you bend with the demands of new situations?
- What type of personality do you have?
- Are you friendly? Outgoing? Optimistic? Aggressive? Supportive? Happy?
- Are you related to a Rotarian? (Not a requirement)
- Will a sponsoring Rotary club be proud to be represented by you?
- Why do you want to be a Rotary Youth Exchange Student?
- What do you hope to learn or gain from a year abroad?

Your essay DOES NOT have to cover every question listed above.

Your essay MUST be an honest self-appraisal of your abilities, personality, and the personal qualities that you believe make you a good candidate for youth exchange. The design and content of the essay are up to YOU!

We look forward to reviewing your application!!
Thank you!

Preliminary Application **Part 3:** Attach High School Unofficial Transcripts

Preliminary Application **Part 4:** Students and Parents read, sign, and attach the Release of Medical Records and Liability form.

PRELIMINARY APPLICATION DEADLINE IS Midnight 10/18/23

Interviews for all interested students will be scheduled for 10/21 beginning at 9AM

*****A CURRENT PHOTO MUST BE SUBMITTED WITH YOUR APPLICATION*****

Email this preliminary application to:

eurekaclubs@ye5130.org by midnight 10/18/23



Applicant Name

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 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 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.

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 pages 'Section C: Medical History and Examination,' acquired in the course of the examinations by the physician and the dentist.

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 overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I 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 to provide such notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

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

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

Privacy statement

If you are accepted into the long-term Rotary youth exchange program, this application and the information contained within will be shared with various Rotary related entities including the district and club where you live, the district and club that will be hosting your exchange and Rotary International. This information may also be shared with others associated with administering the program including exchange counselors and host families. Rotary International will only use the information for core business purposes. To correct or delete any personal information, please contact Rotary at youthexchange@rotary.org January 2018

Applicant (print name)	Date (DD-MM-YYYY) and Signature
Parent/Legal Guardian #1 (print name)	Date (DD-MM-YYYY) and Signature
Parent/Legal Guardian #2 (print name)	Date (DD-MM-YYYY) and Signature

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

Adopted by the Rotary International Board of Directors, November 2006