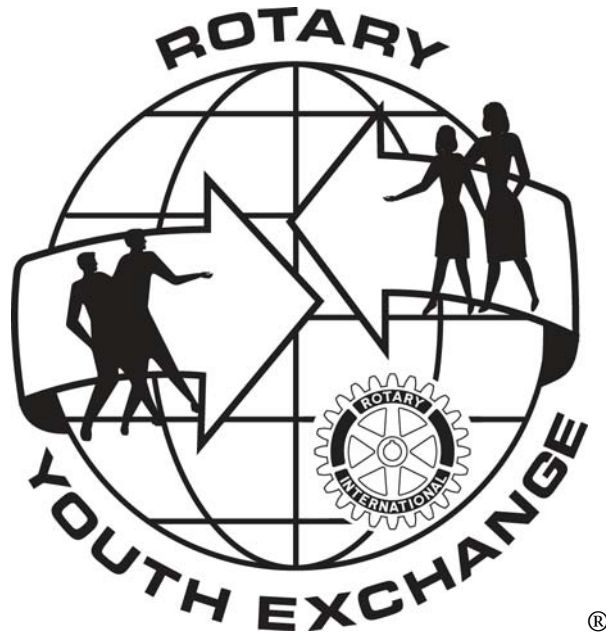

Rotary Youth Exchange Long-Term Program Application

長期交換英文申請書填寫說明
自2011-2012年度之交換學生起,一律改採線上填寫申請書
www.rotary-yep.org/d3490.asp
填寫完成後各印出四份,並完成所有檢查評量及簽字
附上最近兩年的全科目英文版成績單及護照影本(各4份)
寄至地區RYE辦事處



Submit completed application to:

Instructions for Rotary Youth Exchange Program Application

Read all directions on each page carefully **before** completing the application. Use the checklist on the inside back cover to ensure that you have completed all sections and obtained all necessary signatures.

If you are accepted as an exchange student, this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you.

Components of Your Application

Your application consists of:

- All forms in this application
- Copies of your passport or birth certificate
- Copies of your school transcript

Filling Out Your Application

Your application **must be legible. Typed or computer-generated applications are strongly preferred.** Answer all questions completely and as asked (*do not* write “same,” “see above,” or “see page ___”). Enter your information directly onto the application unless directed otherwise. Make sure to use correct grammar and spelling.

Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate.**

Printing Your Application and Signing the Forms

You will need to submit four complete sets (**your original plus three photocopies**) of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good-quality photocopies. **All signatures on all sets must be ORIGINAL and with BLUE ink.** To accomplish this:

1. Complete the application form. Do not sign it.
2. Print four sets of the completed application (if using a typewriter, make three good-quality photocopies of your original).
3. Sign all four sets yourself, then have your parents/legal guardians sign all sets.
4. Medical and dental forms: Ask your physician and dentist to make three copies of the completed medical/dental form *before* signing it and then to sign each copy in blue ink. (It’s a good idea to include a blue pen when you give them the form.)

The photo of yourself that you attach to Section A, page 1, must be an original photograph, not a color photocopy, on all four sets. The photos that you submit for Section B, page 2, must include at least one set of originals. The other three sets may be good-quality color photocopies.

Questions?

If you have any questions about completing this application, check with your school counselor or your local Rotary club’s Youth Exchange officer. Once you’ve completed your application, return it to your local Rotary club/district as they’ve instructed.

District _____ : Attach any additional instructions. If none, please check here:

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. 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 _____
Long-Term Exchange Program

Section A: Personal Information

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

三個月內兩寸脫帽照片
 可用生活照,但不可用自
 拍照,請面帶笑容,不可戴
 墨鏡相片清晰不可模糊
 禁用釘書針固定
 每份申請書的相片都要正
 本不可影印

此張照片是給接待地區的
 第一印象非常重要

英文名字拼法要和護照相同,先寫名字(第一個字母大寫),
 再寫姓(全部字母都大寫),例: I-Chin LEE

1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)		Name You Wish		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address		State/Province	Postal Code	Country	
Postal Address (if different from Home Address)		State/Province	Postal Code	Country	
E-mail Address		Home Phone Number		Mobile Phone Number	
Place of Birth (City, State/Province, Country)		Citizen of (Country)		Date of Birth (e.g., 01/Jan/1999)	

希望如何被稱呼?
 如Mary, John...

請查詢中華郵政地址英譯<http://www.post.gov.tw/post/index.jsp>
 剪貼請注意將地址縣市分格貼上或填寫

若住家地址常無人收件,務必填寫郵件有人代收之郵寄地址

請填入常用學生個人的EMAIL,勿任意更改信箱,並請每天養成收信的習慣

五碼郵遞區號

五碼郵遞區號

2. Parent/Legal Guardian Information

Full Name of Father/Legal Guardian		Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of Rotary Club	
Address - Street		City		State/Province	Postal Code
E-mail Address		Home Phone Number		Mobile Phone Number	
Occupation		Business Phone Number		Fax Phone Number	
Full Name of Mother/Legal Guardian		Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of Rotary Club	
Address - Street		City		State/Province	Postal Code
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 (specify "Father", "Mother", etc.):					
<input type="checkbox"/> Check here if your parents are divorced or separated. Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.					

註明緊急事故時,第一連絡人是Father或是Mother

父母職業請按職業分類填寫,不可只寫商,例:食品加工,機械製造

父母職業請按職業分類填寫,不可只寫商,例:食品加工,機械製造

扶輪社名,非社員暱名nickname

扶輪社名,非社員暱名nickname

3. Siblings (add pages as necessary) 兄弟姊妹

Name	Gender	Age	Occupation or School Grade/Level	Living at Home?
	<input type="checkbox"/> Male <input type="checkbox"/> Female		在職或在學年級?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No

宗教信仰
 佛教Buddhism
 道教Taoism
 基督教Christian
 回教Islam

Applicant Name

4. Personal Background

Religion	Dietary Restrictions (Enter "None" if no restrictions)	是否有食物禁忌? 例如no beef不吃牛肉, vegetable素食, no shell seafood不吃帶殼海鮮, no spicy food不吃辣
Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	此部份請據實回答 是否抽煙? 如果有, 請說明 是否喝酒? 如果有, 請說明 是否曾使用毒品? 如果有, 請說明 是否有固定的男女朋友? 如果有, 交往多久? 多久約會一次?
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	
Have you ever used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	
Do you have a steady boy/girlfriend? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have you been together, and how often do you go out?	
Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.		

5. Secondary School Information

Name of Secondary School You Currently Attend 就讀學校英文全名-可查詢學校網站		School Phone Number	School Fax Number		
Address - Street		City	State/Province	Postal Code	Country
Number of grades/levels at your school 全校有幾個年級?	Your current grade level (e.g., 10 th , 11 th) 你目前的年級?	Year you will finish secondary school 你會在哪一年畢業?	No. of years you've attended this school 你在這所學校上了幾年?		
List the courses you are currently taking 請列出所有研修的科目					
Consult with a school official or guidance counselor to find out the following information:					
Total number of students at your school 全校總人數	Number of students in your grade level 就讀年級總人數		Your approx. class ranking (e.g., top 10%, 12 th of 56) 你在班上的排名?		
Name and title of school official or counselor that you consulted			E-mail address of school official or counselor		
Attach a transcript, in English, of all secondary school courses completed with grades you received. Also attach your most recent grade report from the current year.					

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
語言能力應據實以告, 以免派遣後有適應問題. 在寄送申請書時, 會一併附上你的英文測驗成績				

7. Sponsor District and Club Contacts

Sponsor District Number	Name of Sponsor District Youth Exchange Chair		E-mail Address		
Address - Street		City	State/Province	Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number		Fax Number	
Sponsor Rotary Club	Name of Sponsor Club Youth Exchange Officer		E-mail Address		
Address - Street 填寫派遣社RYE-主委資料, 可詢問貴社幹事	City		State/Province	Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number		Fax Number	



Rotary District _____

Applicant Name _____

Long-Term Exchange Program

Section B: Letters and Photos

Student's Letter

Write answers to questions

Specific questions 3 pages

學生英文自傳及對青少年交換計畫(YEP) 的抱負

1. 你在閒暇時都做些什麼?
 2. 你在學校都做些什麼?(你研修幾個科目?是哪些?一堂課時間多長?學校的行事曆為何?請敘述一下你一天的行事安排?)你在學校可以選課嗎?如果可以,你選修了哪些科目?為什麼?
 3. 你在學校的興趣和活動為何?有擔任幹部的職務嗎?
 4. 請描述一下你的住家(你有自己的房間嗎?還是和他人同住?你在家中的哪裡讀書?住家離學校多遠?你是開車,搭公車還是走路到學校?)
 5. 你父母的職業為何?(從事哪種產品或服務?他們在公司的職務為何?)
 6. 請描述一下你的社區(是否在或靠近大城市?人口,工業及經濟為何?)
 7. 你有哪些興趣和才藝?(你有關於藝術,文學,音樂,運動或其他活動的興趣嗎?你如何對它們產生興趣?你對它們產生興趣多久?你多久從事這些活動一次?)
 8. 你有任何海外旅遊的經驗嗎?你為什麼參加這些旅遊?跟誰去?多久時間?
 9. 你討厭什麼事務?(你不喜歡什麼食物,動物或是對待方式嗎?...)
 10. 你覺得你的優點和缺點是什麼?
 11. 你對未來的教育和職業有什麼計劃或目標嗎?為什麼?
 12. 你對交換期間及交換期滿有什麼特別期待實現的願望嗎?
1. 申請者若有飲食禁忌,請明列並闡述其原因;如:基於宗教、各人喜惡或醫療因素.....。
 2. 詳盡的回答每一個問題,但答案以不超過三頁為原則,請表現申請者的特質與思想,因為這是申請者與接待社以及接待家庭溝通的開始。
 3. 注意回答問題的言詞,不宜太粗俗也不必過於艱澀,文法與拼字講求正確、文章條理分明,以期給對方良好的第一印象。
 4. 建議可以依所提的問題條列式回答,再添加自己看法會較容易著手>

Parent's Letter

Write a letter to your child's host club and families, incorporating your answers to the following questions in your letter.

Specifications length: 2 pages

父母的信

這將是對方接待家庭對您子女認識的開始,請父母務必親自構思

your letter to this page. Maximum

1. How would you describe your child's personality?
2. How do you handle disagreements or discipline?
3. How do you handle challenges or difficult situations?
4. What amount of independence do you give your child?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. Are there any other comments you would like to share with the host families?

Applicant Name

Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, if necessary. At least one application set must have original photographs; color photocopies or computer prints may be used on the other three sets.

MY FAMILY 全家福	MY SPECIAL INTEREST 我的興趣
<div data-bbox="430 478 1170 1020" style="border: 2px solid red; padding: 10px; background-color: #ffffcc;"><p>依每一主題找一張照片, 可以再加上簡短說明 利用膠水或雙面膠黏妥, 不可用釘書機 可用數位相片但必須注意色彩畫質不要失真,</p><p>照片主題:</p><ol style="list-style-type: none">1.全家福2.自己的興趣3.自己覺得很重要的東西 (父母,書籍,宗教...任何皆可)4.住家外觀<p>***非常重要***-- 不要再寄一堆照片給地區YEP,讓我們幫你貼上</p></div>	
SOMETHING IMPORTANT TO ME 對我很重要的人事物	MY HOME 住家外觀
<p><i>Photo of your friends, pet, musical instrument, etc.</i></p>	<p><i>Photo of your house or building where you live</i></p>



Rotary District _____

Applicant Name	
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Long-Term Exchange Program

Section C: Medical History and Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Please type or print clearly. Please submit four copies of the form, with original signatures in **blue** ink on each copy.

Applicant's Full Legal Name		Date of Birth		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Home Address – Street	City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number		Mobile Phone Number	

Medical History

1. How long has the applicant been the patient of the physician?		
2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:		
	Yes	No
a. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
b. Anorexia/bulimia/other eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
f. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>
g. Cancer	<input type="checkbox"/>	<input type="checkbox"/>
h. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
i. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
j. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
k. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
l. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
m. Liver disease/hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
n. Malaria	<input type="checkbox"/>	<input type="checkbox"/>
o. Menstrual disorders	<input type="checkbox"/>	<input type="checkbox"/>
p. Mental disorders	<input type="checkbox"/>	<input type="checkbox"/>
q. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
r. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
s. Serious headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>
t. Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>
u. Typhoid fever	<input type="checkbox"/>	<input type="checkbox"/>
v. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
w. Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
x. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
y. Visual problems – other	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant:		
a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Taken any prescribed medication in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
c. Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?	<input type="checkbox"/>	<input type="checkbox"/>
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?	<input type="checkbox"/>	<input type="checkbox"/>
f. Had excessive weight gain or loss recently?	<input type="checkbox"/>	<input type="checkbox"/>
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	<input type="checkbox"/>	<input type="checkbox"/>
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	<input type="checkbox"/>	<input type="checkbox"/>
j. Suffered weakness of neurological or muscular skeletal system?	<input type="checkbox"/>	<input type="checkbox"/>
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" for any parts of questions 2 and 3, please explain:		
Question (e.g., 2e)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Dates and duration

Applicant Name _____

4. Will the applicant be bringing any prescribed medication on the exchange? Yes No
 If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency, and reason for use:

Prescribed Medication	Dose/Frequency	Reason for Use

5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not):

Measles (rubeola)		Mumps		Hepatitis		Whooping cough (pertussis)	
Rubella (German measles)		Chicken pox		Scarlet fever		Other:	

6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received):
Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.

Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)	Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)
Diphtheria					
Whooping cough (pertussis)					
Tetanus					
Rubella (German measles)					
Mumps					

請持健保的母子手冊至戶籍地所在的衛生所，申請中英對照版的預防接種疫苗一覽表一式四份，再拿此份證明請體檢醫師騰寫至體檢表上，體檢表先印一份正本，待體檢完成後，先至醫院櫃台另外影印三份，再將四份一起拿給醫師簽名蓋章。

肺結核檢測不可空白，請先詢問大醫院或醫學檢驗所，檢測結果若為陽性，必須附上X光片及醫師說明。

7. Tuberculosis screening: The applicant must present evidence of recent (within 12 months) screening.

Date of screening (e.g., 01/Jan/2006) _____ Result/diagnosis: _____. If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results:

Physical Examination

Height:	Weight:	Blood Pressure: Sys.	Dia.	Pulse rate/minute:				
8. Does today's examination show any abnormal findings for:								
	Yes	No		Yes	No		Yes	No
Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	Heart (murmur, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (muscular)	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal system	<input type="checkbox"/>	<input type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
			Genitalia	<input type="checkbox"/>	<input type="checkbox"/>			
Abdomen (mass) <input type="checkbox"/> <input type="checkbox"/>								
Rectal <input type="checkbox"/> <input type="checkbox"/>								
Skin <input type="checkbox"/> <input type="checkbox"/>								

If yes, please provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top of each page).

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if additional pages are attached, please check here:).

I find the applicant:

In good health and not suffering from any mental or medical condition(s) that would preclude participation in the program

Suffering from mental or medical condition(s) as noted in my report

I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice. Yes No

Physician's Name (type or print)	Signature (in blue ink)	Date (e.g., 01/Jan/2006)
----------------------------------	-------------------------	--------------------------

Physician's address, phone, and fax (type or stamp)



Rotary District _____

Applicant Name _____

Long-Term Exchange Program

Section D: Dental Health and Examination

牙醫報告

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student’s dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

*Please type or print clearly. Please submit four copies of form, with original signatures in **blue** ink on each copy.*

Applicant’s Full Legal Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address – Street		State/Province	Postal Code	Country
E-mail Address		Home Phone Number		Mobile Phone Number

若有蛀牙及一些牙齒疾病,請先至牙科治療後再請醫師填寫報告簽字
體檢及牙醫報告切忌造假,否則將有嚴重後果

Dental Examination

1. Is the applicant in good dental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant require dental work at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you foresee the applicant requiring any dental work while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain below (use space at bottom or additional pages if needed):

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist’s Name (type or print)	Signature (in blue ink)	Date (e.g., 01/Jan/2006)

Dentist’s address, phone, and fax (type or stamp)

Enter any additional comments below. (If additional pages are necessary, attach them and please check here:).



Rotary District _____

Applicant Name _____

Long-Term Exchange Program

Section E: Guarantee Form and Visa Application

Full Legal Name as on passport or birth certificate (<i>use uppercase for your FAMILY name; e.g., John David SMITH</i>)			Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address – Street		City	State/Province	Postal Code	Country
Postal Address (<i>if different</i>) - Street		City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number		Mobile Phone Number	
Place of Birth (<i>City, State/Province, Country</i>)			Citizen of (<i>Country</i>)		Date of Birth (<i>e.g., 01/Jan/1999</i>)
Sponsor Rotary District	Host Rotary District	Host Country	Arrival Airport in Host Country (<i>name and abbreviation</i>)		
這 3 欄不需填寫， 是由國外接待社填寫					

(A) APPLICANT GUARANTEE I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; and (4) not request permission to stay in my host country, and return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above named applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident insurance; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned **APPLICANT** and **PARENTS/GUARDIANS** hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school.

Signed (Applicant)		Date (e.g., 01/Jan/2006)	
學生親自簽名 (中文加英文,以護照為主)			
Signed (Father/Guardian)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
父親親自簽名			
Signed (Mother/Guardian)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
母親親自簽名			
Witness (Sponsor Rotary club representative)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
派遣社社長簽字		+886	

(C) ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY, OTHER THAN A PARENT/GUARDIAN

Name	Relationship		
除父母以外,另外填寫一位地址不同之緊急聯絡人資料(例:叔叔,阿姨)			
Home Address – Street	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number

(D) SPONSOR 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 student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District #	Sponsor Club Name		Sponsor Club ID #	
Name of District Youth Exchange Chair	Name of Sponsor Club President	Name of Sponsor Club Secretary	YEO	
E-mail Address of District Youth Exchange Chair	E-mail 派遣社社長全名,EMAIL 並請派遣社社長簽名	E-mail A 派遣社秘書或主委的全名 O 及EMAIL,並請其簽名		
Signature of District Youth Exchange Chair	Signature of Sponsor Club President		Signature of Sponsor Club Secretary/YEO	
Date	Home Phone Number	Date	Home Phone Number	Date

Applicant Name	
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(E) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, 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 club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure adequate training for host parents and Youth Exchange volunteers and

Host Country	<h1 style="margin: 0;">此頁由國外接待社填寫</h1>	Club ID #
Host District #		Post Code
Name of District Youth Exchange		YEO
E-mail Address of District Youth Exchange		Country/YEO
Signature of District Youth Exchange		Phone Number
Date		

(F) HOST CLUB CONTACT

Name	
Address – Street	Country
Home Phone Number	

(G) SCHOOLING GUARANTEE

(To be completed by the host family for activities not a part of the school curriculum)

Name of School	Cost of tuition and other expenses
Address – Street	School Starts
Affix School's Stamp or Seal	Country
E-mail Address	Date (e.g., 01/Jan/2000)

(H) FIRST HOST FAMILY (required)

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	City	State/Province	Postal Code	Country
Home Phone Number	Names and Ages of any Other Adults in the Home			

Student: Please submit this form with the rest of the completed application to your local Rotary club or district. Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

Host District: Please return two originals of the completed Guarantee Form to the Sponsor District, as below:

Sponsor District: Please mail one copy of the fully completed Guarantee Form to Rotary International, as below:
Youth Exchange Rotary International One Rotary Center 1560 Sherman Avenue Evanston, IL 60201-3698 USA



Rotary District _____

Applicant Name _____

Long-Term Exchange Program

Section F: Rules and Conditions of Exchange

As a Youth Exchange student sponsored 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 student's 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

請確實詳讀RYE交換規則

- 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 student and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. 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. Legal medications that are prescribed to you by a physician are 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. Excessive consumption and drunkenness is forbidden.
- 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) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
- 9) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
- 10) You must attend school regularly and make an honest attempt to succeed.
- 11) You must have travel insurance that provides medical and dental coverage for accidental injury and illness, 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 in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 12) 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.
- 13) 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 with proper adult chaperones. The host district and club, host family, and your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 14) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 15) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 16) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 17) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 18) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
- 2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 3) Learn ahead of time as much of the language of your host country as possible, and use the language regularly. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
- 4) Attend Rotary-sponsored events and host family events, and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join it.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 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 Name	
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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 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 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 beyond those covered by insurance for any medical treatment rendered.

Applicant (print name)	Signature 學生親自簽名 (中文加英文,以護照為主)
Mother/Legal Guardian (print name)	Signature 父親親自簽名
Father/Legal Guardian (print name)	Signature 母親親自簽名
Witnessed in the presence of Sponsor Club Representative (print name)	Signature 派遣社社長簽字
Dated this _____ Day of _____ Month, _____ Year.	

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

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

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. 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 _____

Long-Term Exchange Program

Section G: Secondary School Personal Reference

Student: Complete the top section of this form, then give the form and a stamped envelope, preaddressed to the Rotary club or district to which you are submitting your application, to a teacher or administrator who knows you and your abilities and accomplishments at school. By so doing, you give permission to that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address – Street	City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number	Mobile Phone Number	

只需填寫上半部的學生個人資料後, 找一位熟悉你能力的老師, 同時寫好回郵信封, 註明地區RYE辦事處地址, 將回郵信封和已填好上半部的這頁, 請老師填寫好密封, 直接寄給地區. 這份文件需要一式四份

Evaluator: This section is to be completed by the evaluator. This form within section G is required by law.

Complete and forward this form to the Rotary club/district Youth Exchange committee, unless otherwise indicated.

1. Ratings

Area	Excellent	Very Good	Good	Satisfactory	Needs Improvement	Basis to Rate
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility, adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language? Yes No

3. Do you believe the applicant's parents/legal guardians support his/her wish to spend time abroad? Yes No Not Sure

Please use the reverse side of this form to explain your answers to questions 2 and 3, and add any additional comments on the applicant's suitability as an exchange student and cultural ambassador.

RECOMMENDATION

I recommend this student as a future Rotary Youth Exchange student (check one):

Strongly Recommend Recommend No Opinion Do Not Recommend Strongly Do Not Recommend

記得請老師簽名後再寄出

Name and Title (type or print)	Signature (in blue ink)	Date (e.g., 01/Jan/2006)
Name of School	Phone	E-mail

DO NOT RETURN THIS FORM TO THE STUDENT.



Rotary District _____

Applicant Name	
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Long-Term Exchange Program

Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must have original signatures signed in BLUE ink; all photographs must be originals or good-quality color photocopies, unless otherwise instructed.

Sec. Component	Set 1	Set 2	Set 3	Set 4
A <i>Personal Information</i> pages completed with photo attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B <i>Letters</i> completed and inserted, and <i>Photos</i> (4) attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C <i>Medical History and Examination</i> completed and signed by physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D <i>Dental Examination</i> completed and signed by dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E <i>Guarantee Form</i> signed by student and parents/legal guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F <i>Declaration and Permission for Medical Care and Release of Medical Records and Liability</i> signed by student and parents/guardians; Alternate Emergency Contact data provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Copy of school transcript 最近兩年全科目英文版成績單4份	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Copy of passport / birth certificate 請附上學生及父母之護照影本各四份,學生護照效期需超過2014年9月 (學生護照單獨影印一張A4,父母護照印在同一張A4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Secondary School Personal Reference</i> form (Section G) and preaddressed stamped envelope given to your teacher or administrator (<i>do not</i> submit this form with your application). Only one copy required.				