

# 如何填寫英文申請書及Q&A

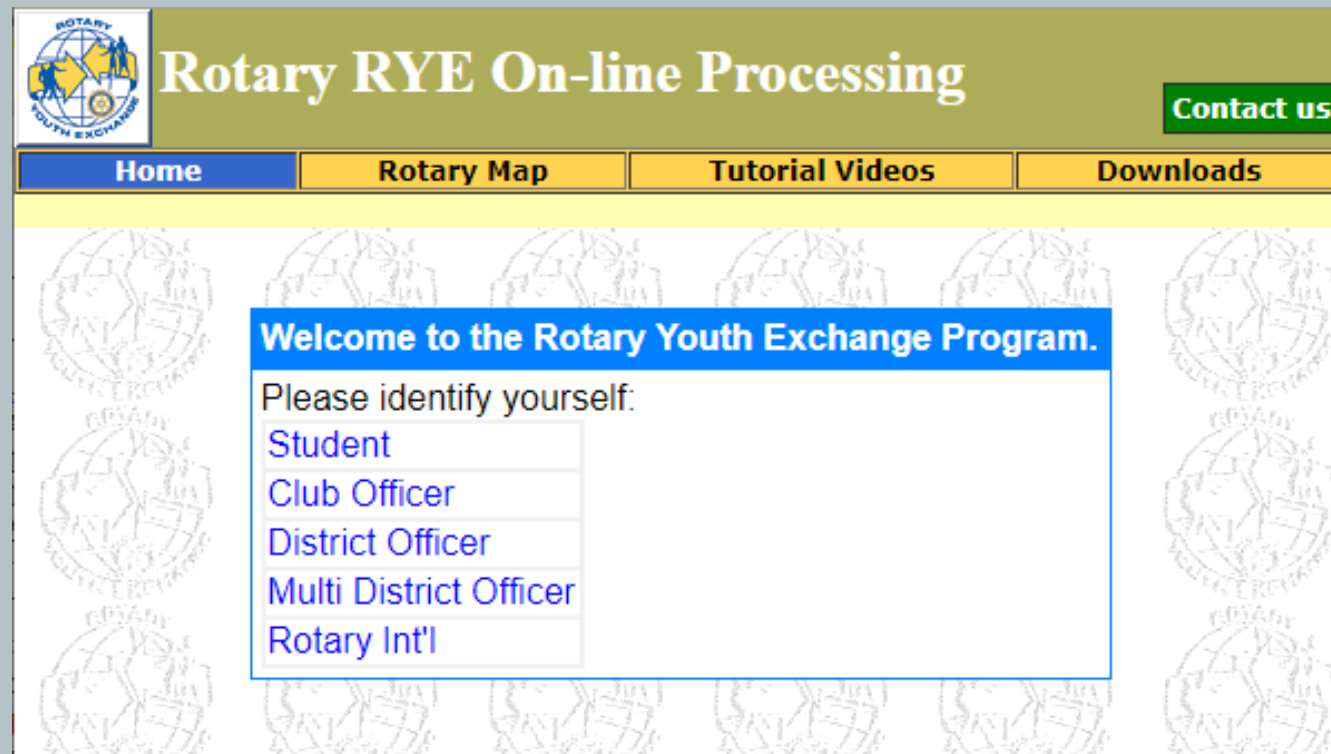
*By Cindy & Vicky*


# 英文申請書填寫說明

填寫英文申請書之前...

# 線上系統帳號開通

- 線上系統：<http://www.rotary-yep.org/>



 **Rotary RYE On-line Processing** [Contact us](#)

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**Welcome to the Rotary Youth Exchange Program.**

Please identify yourself:

- Student
- Club Officer
- District Officer
- Multi District Officer
- Rotary Int'l



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Welcome to the Rotary Youth Exchange Program.

Please identify yourself:

Student



Step 1. 請選擇“ Student”

Club Officer

District Officer

Multi District Officer

Step 2.

Rotary Int'l

請選擇“New applicant”

Have you registered?

New applicant



Sponsor Dist. Number:

3490



Step 3.

Have registered previously

D3490/RYEMT

請輸入3490

Step 4.  
Log in



Log in

Forgot password or Dist. Chair First time access



# Rotary RYE On-line Processing

D.3490 RI/RYEMT

[Log in](#) [Initial Setup](#) [Contact us](#)

Year: 2020-21 ▾ [Home](#) [Rotary Map](#) [About us](#) [For Students](#) [Outbound Info.](#) [Inbound Info.](#) [Exchangees' Info.](#) [Tutorial Videos](#) [Downloads](#)

Application

Sponsor District: D3490/RYEMT

## BASIC DATA

- \*Nickname: 希望如何被稱呼 ( 範例 : John / Maggie )
- \*Full Name: 護照英文全名 ( 名在前姓在後 , 名字第一個字母要大寫 , 姓全部大寫 ) , 範例 : Shui-Sheng CHEN
- \*Date of Birth: 出生年/月/日 (yyyy/mm/dd)
- \*Place of Birth: 出生地
- \*E-mail Address: 學生個人Email
- Sponsor Club: ==Sponsoring Rotary Club== 派遣扶輪社 ▾
- \*School: 就讀學校英文全名
- \*Sex(M/F):  M  F M : 男 , F : 女
- \*State/Province: Taiwan
- \*Postal Code: 五碼郵遞區號
- \*Citizen of (Country): R.O.C.(Taiwan)
- \*Home Street Address: 住家英文地址 ( 地址僅寫到 區/市/鎮/鄉 , 可上中華郵政網站查詢 )
- \*Home Telephone: 住家電話 ( 請寫上+886 , 範例 : +886 2 29682866 )

Submit

Click "Submit" to send initial password-  
by e-mail to new applicant.

[Instructions](#)

## 姓名&電話寫法

- 如何填寫姓名？


- 請參考學生本人所持護照

- 姓名寫法範例：Shui-Sheng CHEN


1. 名字在前，姓氏在後
2. 名字的第一個字母要大寫
3. 姓氏的字母全部大寫
4. 名字中間有一個“-.”

- 如何填寫電話？

- 號碼前面加上+886，並去掉0

- 市話號碼：02 29682866 

+886 02 29682866

- 手機號碼：0933663490 

+886 0933663490


- 正確寫法範例：+886 2 29682866

+886 933663490

## 地址寫法

- 如何填寫地址？

- 可透過中華郵政地址英譯網址查詢：<https://www.post.gov.tw/post/internet/Postal/index.jsp?ID=207>  
將英譯地址去掉“縣/市”及“Taiwan(R.O.C.)”即可

- 地址範例：13F., No. 145, Sec. 1, Wenhua Rd., Banqiao Dist., New Taipei City 220, Taiwan (R.O.C.)   
13F., No. 145, Sec. 1, Wenhua Rd., Banqiao Dist., ~~New Taipei City 220, Taiwan (R.O.C.)~~

- 正確寫法範例：13F., No. 145, Sec. 1, Wenhua Rd., Banqiao Dist.,



確認所有資料無誤後便提交

Sponsor District: D3490/RYEMT  
BASIC DATA

\*Nickname: Building

\*Full Name: Shui-Sheng CHEN

\*Date of Birth: 2000/1/1 (yyyy/mm/dd) \*Place of Birth: Taipei

\*E-mail Address: rye@rid3490.org.tw

Sponsor Club: Tucheng Central--D3490/RYEMT

\*School: Taipei Municipal Wan Hua Junior H [Instructions](#)


\*Sex(M/F):  M  F \*State/Province: Taiwan

\*Postal Code: 22050

\*Citizen of (Country): R.O.C.(Taiwan)

\*Home Street Address: 13F., No. 145, Sec. 1, Wenhua Rd., Banqiao Dist.,

\*Home Telephone: +886 2 29682866

確認無誤後點選"Submit"   Click "Submit" to send initial password-by e-mail to new applicant.

## 確認EMAIL

- 提交後請到Email裡查看信件，收件匣中若沒有信件，請到垃圾信件中查看
- 複製信件中提供的密碼，再次登入

**Welcome to the Rotary Youth Exchange Program.**

Please identify yourself:

- Student ← **Step 1. 請選擇“ Student”**
- Club Officer
- District Officer
- Multi District Officer
- Rotary Int'l

**Step 2. 請選擇 “ Have registered previously”**

Have you registered?

- New applicant
- Have registered previously

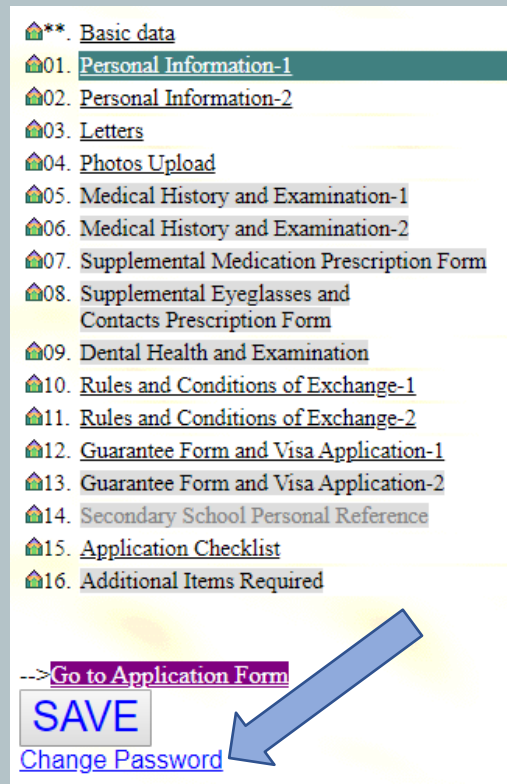
E-mail: 註冊的Email

Password: 信件中提供的密碼

**Step 3. 登入** → Log in    Forgot password

# 更改密碼

## ➤ Step 1. Change Password



A screenshot of a web application menu. The menu items are listed vertically, each preceded by a small house icon. The items are: Basic data, Personal Information-1, Personal Information-2, Letters, Photos Upload, Medical History and Examination-1, Medical History and Examination-2, Supplemental Medication Prescription Form, Supplemental Eyeglasses and Contacts Prescription Form, Dental Health and Examination, Rules and Conditions of Exchange-1, Rules and Conditions of Exchange-2, Guarantee Form and Visa Application-1, Guarantee Form and Visa Application-2, Secondary School Personal Reference, Application Checklist, and Additional Items Required. At the bottom of the menu, there is a link labeled 'Go to Application Form' with a right-pointing arrow. Below this link is a 'SAVE' button and a 'Change Password' link. A large blue arrow points from the 'Change Password' link towards the right.

## ➤ Step 2. 輸入新密碼

New Password:	新密碼
Re-type Password:	再次輸入新密碼
<input type="button" value="Change Password"/>	

## ➤ Step 3. 輸入新設定的密碼

## ➤ Step 4. Submit

# 如何填寫英文申請書

# 01. PERSONAL INFORMATION-I

## Application

\* Please do not use single (') and double (") quotation marks.

### Smile!

Attach a recent, good-quality color photo of yourself (Head and shoulders).  
Original photos must accompany all three sets of the application.  
Attach photo with glue or double-sided tape;  
Do Not Staple.  
Size: 2 x 2.5 in.(5 x 6.5 cm)  
File Size:3K~50K

01.Full Legal Name as on passport

02.Name You Wish to be Called  Sex:

03.Biological Parent/Legal Guardian to contact first -  Mother  Father ← 在發生緊急情況時先聯繫父母/法定監護人

— Home Address — ← 住家地址

04.Street

13F., No. 145, Sec. 1, Wenhua Rd., Banqiao Dist.,

05.City 縣/市 ( Ex. New Taipei City/ Keelung City/ Yilan County/ Hualien County )

06.State/Province Taiwan

07.Postal Code 22050

08.Country R.O.C.(Taiwan)

# 01. PERSONAL INFORMATION-I

Same as home Address  和住家地址相同請點選

**Mailing Address** 09.Street

10.City 郵寄地址

11.State/Province

12.Postal Code

13.Country

14.E-mail Address [rye@rid3490.org.tw](mailto:rye@rid3490.org.tw)

15.Home Phone Number +886 2 29682866

16.Cell Phone Number 手機號碼 ( Ex. +886 933663490 )

17.Place of Birth Taipei 18.Citizen of (Country) R.O.C.(Taiwan)

19.Date of Birth 2000/1/1

20.Full name of biological father/or legal guardian 父親護照全名

Rotarian?  Yes  No  扶輪社成員？

If yes, name of Rotary Club 如果是，請填寫扶輪社社名 ( Ex. Tucheng Central )

copy above  如同上，複製

Address - Street

City State/Province Postal Code

Country E-mail Address 父親的Email

Home Phone Number Cell Phone Number 父親手機號碼 ( Ex. +886 933663490 )

Occupation 職業 ( 行業名稱 ) Business Phone Number 父親工作電話號碼 ( Ex. +886 2 29682866 )

Fax Phone Number 父親傳真號碼 ( Ex. +886 2 29672104 )

# 01. PERSONAL INFORMATION-I

21. Full name of biological mother/or legal guardian 母親護照全名

Rotarian?  Yes  No → 扶輪社成員?

If yes, name of Rotary Club 如果是，請填寫扶輪社社名 ( Ex. Tucheng Central )

copy above → 如同上，複製

Address - Street

City State/Province Postal Code

Country E-mail Address 母親的Email

Home Phone Number Cell Phone Number 母親手機號碼 ( Ex. +886 933663490 )

Occupation 職業 ( 行業名稱 ) Business Phone Number 母親工作電話號碼 ( Ex. +886 2 29682866 )

Fax Phone Number 母親傳真號碼 ( Ex. +886 2 29672104 )

22.  Check here if your parents are divorced or separated. → 如果你的父母離婚或分居，請勾選 是否住在家裡?

23. Siblings: → 兄弟姊妹

Name	Gender	Age	Occupation or School Grade/Level	Living at Home?
兄弟姊妹的英文護照全名	<input type="radio"/> Male <input type="radio"/> Female	年齡	職業或學校年級	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No

Save and Continue → 確認無誤後儲存，進行下一步

## 02. PERSONAL INFORMATION-2

\* Please do not use single (') and double (") quotation marks.

1. Religion 宗教信仰 (若無請填NONE)

Dietary Restrictions(ENTER 'NONE', or EXPLAIN with details - e.g., vegetarian, vegan, allergic to JK)

飲食上的限制或禁忌·例如素食者或海鮮過敏...等等 (若無請填NONE)

2. Do you smoke or use tobacco products?  Yes  No ➡ 你抽菸嗎?

If yes, please explain.

如果有·請說明

3. Do you drink alcohol?  Yes  No ➡ 你喝酒嗎?

If yes, please explain.

如果有·請說明

4. Have you ever used illegal drugs?  Yes  No ➡ 你是否曾經使用非法藥物?

If yes, please explain.

如果有·請說明

5. Do you have a steady boy/girlfriend?  Yes  No ➡ 你有一個穩定的男 / 女朋友嗎?

If yes, how long have you been together, and how often do you go out?

如果有·交往多久? 多久約會一次?

6. Name of Secondary School You Currently Attend

7. School Phone Number 學校電話號碼

8. School Fax Number 學校傳真號碼

9. Address - Street 學校英文地址 (地址僅寫到區/市/鎮/鄉·可上中華郵政網站查詢)

10. City 縣/市

11. State/Province Taiwan

12. Postal Code 五碼郵遞區號

13. Country R.O.C.(Taiwan)

14. Number of grades/levels at your school 全校有幾個年級

15. Your current grade level(e.g., 10th, 11th) 你目前就讀的年級 (Ex. 國三 = 9th / 高一 = 10th)

16. Month and Year you will finish secondary school Year:  Month:  ➡ 你會在哪一年畢業?



## 02. PERSONAL INFORMATION-2

17.No. of years you've attended this school 你在這所學校上了幾年？

18.List the courses you are currently taking

學校課程 (請列出所有研習科目)

19.Total number of students at your school 學校總人數

20.Number of students in your grade level 就讀年級總人數

21.Your class ranking(e.g., top 10%, 12th of 56) 你在班上的排名

22.Name and title of school official or counselor that you consulted 導師或輔導老師姓名

23.E-mail address of school official or counselor 導師或輔導老師的Email

24.Languages

Your Native Language: 你的母語 ( Ex. Chinese )		Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)		
Non-Native Language(s)	Number of Years Studied	Speaking	Reading	Writing
第二外語	學習幾年	<input type="radio"/> Poor 差 <input type="radio"/> Fair 普 <input type="radio"/> Good 好 <input type="radio"/> Fluent 流利	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent
		<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent
		<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Fluent

## 02. PERSONAL INFORMATION-2

27. Name of Sponsoring Rotary Club Youth Exchange Officer (派遣社內RYE主委英文姓名)

E-mail Address 社內RYE主委Email

Address - Street 社內RYE主委英文地址 (地址僅寫到區/市/鎮/鄉，可上中華郵政網站查詢)

City 縣/市 (Ex. New Taipei City) State/Province Taiwan Postal Code 五碼郵遞區號

Country R.O.C.(Taiwan) Home Phone Number 社內RYE主委電話號碼 (Ex. +886 2 29682866)

Business Phone Number 社內RYE主委工作電話號碼 Cell Phone Number 社內RYE主委手機號碼 (Ex. +886 933663490)

Fax Number 社內RYE主委傳真號碼 (Ex. +886 2 29672104)

**Save and Continue** → 確認無誤後儲存，進行下一步

## 03. LETTERS

- 請詳答，並不要使用單引號（‘）和雙引號（“），會產生亂碼

### Student's Letter

1. What do you do when you have free time?

你在閒暇時都做些什麼？

2. What do you do at your school? (How many subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you wake-up and discuss only one typical day's schedule.) Are you able to choose courses at your school? If so, which courses did you choose, and why?

你在學校做些什麼？（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. What are your school interests and activities? What leadership positions have you held?

你在學校所從事的活動與興趣是什麼？你曾擔任哪些活動的領導人？

4. How would you describe your home? (Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus, or walk to school?)

你將如何描述你的家？（你有自己的房間嗎？或是你必須與其他家人分享房間？你在家裡的哪個地方讀書？學校距離你家有多遠？你開車嗎？或搭公車？或走路到學校？）

## 03. LETTERS

5. What are the occupations of your mother and father? (What product or service does each make or perform? What is her/his position or title?)

請問你的父母從事何種行業？（生產何種產品？或從事何種服務？他們的職位或職稱為何？）

6. How would you describe your community? (Is it in or near a major city? What is the population? Industry? Economy?)

你會如何形容你的社區？（是否鄰近或位於大城市之內？人口多少？產業？經濟？）

7. What are your interests and accomplishments? (Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?)

你的興趣與成就為何？（你對藝術、文學、音樂、運動及其他各項活動有興趣嗎？該項興趣如何吸引你？從事該項興趣有多久？你對興趣投入多少時間？）

8. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?

你曾到國外哪些地方旅行？為何要從事這些旅行？與誰同行？為時多久？）

9. What things do you dislike? (Do you dislike certain foods, animals, treatment by other people, etc.?)

你不喜歡什麼？（你有特定不喜歡某些食物或動物嗎？或不喜歡他人某種對待你的方式...等）

## 03. LETTERS

10. What do you feel are your strong, and weak, characteristics?

哪些是你人格特質中的優點或缺點？

11. What are your plans and ambitions for your education and career? Why?

你對「求學」及「未來職業」有何規劃與抱負？理由為何？

12. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

身為交換學生，於交換期間及歸國之後，你將期許自我完成哪些既定目標？

### Parent's Letter

1. How would you describe your child's relationship with you and your family? With his/her friends?

你會如何描述你的孩子與家人之間的關係？及與他朋友的關係？

2. How does your child react to disagreement, discipline, and frustration?

當你的孩子面對管教、意見不合、挫折時，做何反應？

## 03. LETTERS

3. How does your child handle challenging or difficult situations?

你的孩子是如何面對挑戰與困難？

4. What amount of independence do you give to your child? What is your child's level of maturity?

你的孩子獨立性如何？成熟度如何？

5. What makes you proud of your child?

什麼原因讓你對小孩感到驕傲？

6. Why do you want your child to be an exchange student?

你為什麼希望你的孩子成為交換學生？

7. Are there any other comments you would like to share with the host families?

你有其他相關意見與接待家庭分享嗎？

Save and Continue




確認無誤後儲存，進行下一步

# 04. PHOTOS UPLOAD

## Student's Photos

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 two sets. THIS PAGE MUST BE USED FOR YOUR PHOTO'S.

upload  點此上傳照片 · 照片規格50KB~200KB

MY FAMILY	MY SPECIAL INTEREST
<p><b>全家福</b> <i>Photo that includes all the members of your immediate family, Mom, Dad, Brother, Sisters etc.</i></p> <p>PHOTO SHOULD BE FIT TO THE SIZE OF THIS BOX SO THE TITLE ABOVE IS SHOWN short description(80 character limit)</p> <p> 關於“全家福”的簡短說明</p>	<p><b>我的興趣</b> <i>Photo of you participating in your favorite hobby or activity</i></p> <p>PHOTO SHOULD BE FIT TO THE SIZE OF THIS BOX SO THE TITLE ABOVE IS SHOWN short description(80 character limit)</p> <p> 關於“我的興趣”的簡短說明</p>
SOMETHING IMPORTANT TO ME	MY HOME
<p><b>對我很重要的人事物</b> <i>Photo of your friends, pet, musical instrument, etc.</i></p> <p>PHOTO SHOULD BE FIT TO THE SIZE OF THIS BOX SO THE TITLE ABOVE IS SHOWN short description(80 character limit)</p> <p> 關於“對我很重要的人事物”的簡短說明</p>	<p><b>房屋外觀</b> <i>Photo of your house condo or apartment building where you live</i></p> <p>PHOTO SHOULD BE FIT TO THE SIZE OF THIS BOX SO THE TITLE ABOVE IS SHOWN short description(80 character limit)</p> <p> 關於“房屋外觀”的簡短說明</p>

Save and Continue  確認無誤後儲存 · 進行下一步

## II. RULES AND CONDITIONS OF EXCHANGE-2

**\* Please do not use single (') and double (") quotation marks.**

Sponsor Club Representative(print name and title) 派遣社社長英文姓名

Dated this  Day of  Month,  Year.

**Alternative Emergency Contact in home country, ADULT NOT LIVING IN YOUR HOME**

Name 緊急連絡人英文姓名

Relationship 關係

Home Address-Street 緊急連絡人的英文地址 ( 地址僅寫到 區/市/鎮/鄉 , 可上中華郵政網站查詢 )

City 縣/市 ( Ex. New Taipei City ) State/Province Taiwan Postal Code 五碼郵遞區號

Country R.O.C.(Taiwan) E-mail Address 緊急連絡人的Email

Home Phone Number 緊急連絡人的電話號碼 Business Phone Number 緊急連絡人的工作電話號碼 ( Ex. +886 2 29682866 )

Cell Phone Number 緊急連絡人的手機號碼

**Save and Continue**

確認無誤後儲存，進行下一步

緊急連絡人 ( Ex.阿姨、叔叔 )

- 1.不與學生家人同住
- 2.必須會英文
- 3.有能力處理緊急事故
- 4.可隨時聯絡上學生家長



## 12. GUARANTEE FORM AND VISA APPLICATION-I

**\* Please do not use single (') and double (") quotation marks.**

Host Rotary District  Host Country   
Arrival Airport in Host Country (name and abbreviation)

Rotary Club Representative tel  派遣社社長的電話號碼 E-mail  派遣社社長的Email

Sponsoring club ID  派遣社ID

Name of Sponsoring Club President  派遣社社長的英文姓名

E-mail  派遣社社長的Email Home Phone Number  派遣社社長的電話號碼

Address - Street  派遣社社長的英文地址 ( 地址僅寫到 區/市/鎮/鄉 , 可上中華郵政網站查詢 )

City  縣/市 ( Ex.Yilan County ) State/Province  Taiwan Postal Code  五碼郵遞區號

Cell Phone Number  派遣社社長的手機號碼 ( Ex. +886 933663490 )

Fax Number  派遣社社長的傳真號碼 ( Ex. +886 2 29672104 )

Save and Continue



確認無誤後儲存，進行下一步

列印步驟

# 以GOOGLE瀏覽器為例

➤ Step 1. Go to Application Form

➤ Step 2. All List

Rotary RYE On-line Process  
D.3490 RI/RYEMT Title:student / D3490

Year: 2020-21 Home Rotary Map About us

- Basic data
- Personal Information-1
- Personal Information-2
- Letters
- Photos Upload
- Medical History and Examination-1
- Medical History and Examination-2
- Supplemental Medication Prescription Form
- Supplemental Eyeglasses and Contacts Prescription Form
- Dental Health and Examination
- Rules and Conditions of Exchange-1
- Rules and Conditions of Exchange-2
- Guarantee Form and Visa Application-1
- Guarantee Form and Visa Application-2
- Secondary School Personal Reference
- Application Checklist
- Additional Items Required

[Go to Application Form](#)

SAVE

[Change Password](#)

Student: Zhi-Min TSAI

Section A: Personal Information (Page 1 of 2)

All list

Upload



Rotary District 3490

## Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

全部列印


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

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- Step 3. 反白並全選，右鍵點選“列印”

Student: **Zhi-Min TSAI**    Section A: Personal Information (Page 1 of 2)    All list    Upload    View scanned pages



Rotary District **3490**

## Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

**Smile!**  
Attach a recent, good-quality color photo of yourself (Head and shoulders).  
Original photos must accompany all three sets of the application.  
Attach photo with glue or double-sided tape.  
Do Not staple.  
Size: 2 x 2.5 in. (5 x 6.5 cm)

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

**I. Applicant Information**

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY NAME; e.g., John David SMITH) Zhi-Min TSAI		Name You Wish to be Called Deborah		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Home Address - Street 13F, No. 145, Sec. 1, Wenhua Rd., Banqiao	City	State/Province Taiwan	Postal Code 22050	Country	
Postal Address (if different) - Street	City	State/Province	Postal Code	Country	
E-mail Address rye@rid3490.org.tw	Home Phone Number +886 2 29682866	Mobile Phone Number			
Place of Birth (City, State/Province, Country) Taipei	Citizen of (Country) R.O.C.(Taiwan)	Date of Birth (e.g., 25/Jan/1998) 1/Jan/2000			

# 列印方塊

➤ Step 4. 選擇“彩色”

The image shows a document printing interface. On the left is a form titled "Rotary Youth Exchange Long-Term Exchange Program Section A: Personal Information". The form includes fields for applicant information, parent/legal guardian information, and sponsor details. A "10mm" margin indicator is visible on the left side of the form. On the right is a print settings panel with the following options:

- 列印: 13 張紙
- 目的地: RICOH PCL6 Universal
- 網頁: 全部
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# 列印方塊

➤ Step 5. “顯示更多設定”

邊界：上下左右都是10mm

選項：取消勾選頁首及頁尾

勾選僅限選取的內容

顯示更多設定

紙張大小 A4 (210 x 297 mm)

每張工作表頁數 1

邊界 自訂

品質 600 dpi

縮放比例 預設

雙面  雙面列印

選項  頁首及頁尾  背景圖形  僅限選取的內容

Rotary District 3499  
Rotary Youth Exchange  
Long-Term Exchange Program  
Section A: Personal Information

10mm

Smile!  
Attach a recent, good-quality color photo of yourself (Head and shoulders). Original photos must accompany all three sets of the application. Attach photos with glue or double-sided tape. do Not staple. Size: 2.5 x 3.5 in (6.5 x 8.5 cm)

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

1. Applicant Information

Full Legal Name as on passport or birth certificate (use appropriate for your FAMILY NAME; e.g. John David SMITH)		Name You Wish to be Called (Optional)		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Home Address - Street 138, No. 188, Sec. 1, Wanhua Rd., Banqiao Dist.,		City		State/Province Taiwan	
Postal Address (if different) - Street		City		State/Province Postal Code Country	
E-mail Address ryex@4499.org.tw		Home Phone Number +886 2 2969 2066		Mobile Phone Number	
Place of Birth (City, State/Province, Country) Taipei		Citizenship (if any) R.O.C. (Taiwan)		Date of Birth (g. 21 Jan 1985) 1/Jan/2000	

2. Parent/Legal Guardian Information

Full Name of Father (Legal Guardian)		<input type="checkbox"/> Applicant <input type="checkbox"/> If yes, name of Rotary Club		City	
Address - Street		City		State/Province Postal Code Country	
Home Phone Number (e.g. +1 508 333 2222)		Business Phone Number		Mobile Phone Number	
Full Name of Mother (Legal Guardian)		<input type="checkbox"/> Applicant <input type="checkbox"/> If yes, name of Rotary Club		City	
Address - Street		City		State/Province Postal Code Country	
Home Phone Number (e.g. +1 508 333 2222)		Business Phone Number		Mobile Phone Number	

3. Sponsor - District and Rotary Club

Sponsoring District Number IB-409 RYEXMT	Name of Sponsor District Youth Exchange Club 210-MIA TSAI	E-mail Address ibm4125@j.yahoo.com.tw
Sponsoring Rotary Club New Taipei City City	Name of Sponsor Club Youth Exchange Officer	E-mail Address

Rotary Youth Exchange Program: Personal Information  
Section A, Page 1 of 2

10mm



Rotary District 3490

### Rotary Youth Exchange Long-Term Exchange Program Section A: Personal Information

**Smile!**  
Attach a recent, good-quality color photo of yourself (head and shoulders). Original photos must accompany all three sets of the application. Attach photo with glue or double-sided tape; do NOT staple. Size: 2 x 2.5 in.(5 x 6.5 cm)

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

#### 1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY NAME; e.g., John David SMITH) Zhi-Min TSAI		Name You Wish to be Called Deborah		<input type="checkbox"/> Male	
Home Address - Street 15F., No. 145, Sec. 1, Wenhua Rd., Banqian Dist.,		City	State/Province Taiwan	Postal Code 22050	Country
Postal Address (if different) - Street		City	State/Province	Postal Code	Country
E-mail Address rye@643490.org.tw		Home Phone Number 886 2 29682866		Mobile Phone Number	
Place of Birth (City, State/Province, Country) Taipei		Citizen of (Country) R.O.C. (Taiwan)		Date of Birth (e.g., 25Jan/1998) 1-Jan-2000	

#### 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	Country
E-mail Address	Home Phone Number (e.g., 1-920-555-1212)		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	Country
E-mail Address	Home Phone Number (e.g., 1-920-555-1212)		Mobile Phone Number		
Occupation	Business Phone Number		Fax Phone Number		
In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)? <input type="checkbox"/> Mother <input type="checkbox"/> Father		<input type="checkbox"/> Check here if your parents are divorced or separated. <i>Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Equitation is required if signatures of two parents or legal guardians are not provided.</i>			

#### 3. Sponsor District and Rotary Club

Sponsoring District Number D3490-RYEMT	Name of Sponsor District Youth Exchange Chair Zhi-Min TSAI	E-mail Address zhimin325@yahoo.com.tw
Sponsoring Rotary Club New Taipei City Lily	Name of Sponsor Club Youth Exchange Officer	E-mail Address

並於 1 2 月 7 日前完成線上填寫

所有頁面請列印兩份

列印成品範例

## 還需要加工的地方...

- SECTION A (Personal Information) 第一頁
- SECTION C (Medical History and Examination) 共兩頁
- SECTION D (Dental Health and Examination) 共一頁
- SECTION E (Student, Parent & Sponsor Endorsements) 共一頁
- SECTION G (Rules and Conditions of Exchange) 第二頁
- SECTION H (Secondary School Personal Reference) 共一頁



# SECTION A



Rotary District 3490  
**Rotary Youth Exchange  
 Long-Term Exchange Program**  
 Section A: Personal Information

**SMILE!**  
 Attach a recent, good-quality color photo of yourself (front and shoulders). Original photos must accompany all three sets of the application. Attach photo with glue or double-sided tape; do not staple. Size: 2 x 2.5 in. (5 x 6.5 cm)

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

**1. Applicant Information**

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY NAME; e.g., John David SMITH)  Male  Female  
 Zhi-Min TSYA

Home Address - Street City State/Province Postal Code Country  
 131, No. 145, Sec. 1, Wenhua Rd., Bangsiao Dist., Taiwan 23030

Postal Address (if different) - Street City State/Province Postal Code Country

E-mail Address Home Phone Number Mobile Phone Number  
 jrsj@ml.edu.tw 886 2 29682866

Place of Birth (City, State/Province, Country) Date of Birth (e.g., 25/Jan/1993)  
 Taipei R.O.C. (Taiwan) 1 Jan 2008

**2. Parent (Legal) Guardian Information**

Full Name of Father / Legal Guardian Rotarian?  Yes  No If yes, name of Rotary Club

Address - Street City State/Province Postal Code Country

E-mail Address Home Phone Number (e.g., 112/36555-1212) Mobile Phone Number

Occupation Business Phone Number Fax Phone Number

Full Name of Mother / Legal Guardian Rotarian?  Yes  No If yes, name of Rotary Club

Address - Street City State/Province Postal Code Country

E-mail Address Home Phone Number (e.g., 112/36555-1212) Mobile Phone Number

Occupation Business Phone Number Fax Phone Number

In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)?  Check here if your parents are divorced or separated.  Mother  Father *Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decision affecting the student's participation. If separation is required, signatures of two parents or legal guardians are not provided.*

**3. Sponsor District and Rotary Club**

Sponsoring District Number Name of Sponsor District Youth Exchange Chair E-mail Address  
 7549003 YHMT Zhi-Min TSYA zhimin325@yehoo.com.tw

Sponsoring Rotary Club Name of Sponsor Club Youth Exchange Officer E-mail Address  
 R 90 Taipei City City

Rotary Youth Exchange Program: Personal Information Section A, Page 1 of 2



○ 請貼上近期的2吋大頭照

✗ 勿使用自拍照

# SECTION C 和 SECTION D

Rotary District 3490 Applicant Name Zhi-Min TSAI

## Rotary Youth Exchange - Long-Term Exchange Program

### Section C: Medical History and Examination

**Physician:** This student is considering a year abroad as an exchange student. Incomplete, 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 critical to host family placement and student well-being. An immediate relative of the applicant may not complete the examination or fill out the form. Please type or print clearly. Please submit two copies of the form, with original signatures in blue ink on each copy.

Applicant's Full Legal Name: Zhi-Min TSAI Date of Birth: 1/Jan/2000  Male  Female

Home Address - Street: 131, No. 145, Sec. 1, Wenhua Rd., Banqiao Dist., city State/Province: Taiwan Postal Code: 22080 Country: Taiwan

E-mail Address: rye@nd1450.org.tw Home Phone Number: +886 2 23682866 Cell Phone Number:

**Medical History**

1. How long has the applicant been with this physician? \_\_\_\_\_

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

a. Allergies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n. Liver disease/hepatitis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Anorexia/nervosa/any other eating disorder*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	o. Malaria	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Appendicitis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	p. Menstrual disorders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Asthma	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	q. Mental disorders*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Axidone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	r. Pneumonia	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Attention Deficit Disorder*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	s. Rheumatic fever	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Bowel problems	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	t. Serious headache/migraine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Cancer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	u. Stomach ulcer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Diabetes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	v. Typhoid fever	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j. Epilepsy/seizures	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	w. Urinary tract infection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Hearing loss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	x. Vertigo/dizziness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l. Heart disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	y. Visual correction - eyeglasses/contact lenses	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m. HIV/AIDS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	z. Visual problems - cataract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Has the applicant:

a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanitarium for observation, examination, or treatment not revealed in question 2?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Taken any prescribed medication in the past six months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicidal attempts, eating disorders, or anti-social behavior?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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"/> Yes <input checked="" type="checkbox"/> No
f. Had excessive weight gain/loss recently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Suffered dizziness, pain, slurring, slowness of speech, or fainting episodes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j. Suffered weakness of neurological or muscular/skeletal systems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered "Yes" for any part of questions 2 and 3, please explain:  
\*Affirmative answers to questions 2b, 2f, 2g, and/or 3c require a letter of explanation from the treating physician.

Question (e.g., 2c)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Dates and duration

Applicant Name Zhi-Min TSAI

### 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 (rubella)	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 all 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 of each dose (e.g., 25/Jan/2006)	Immunization	Number of Doses	Dates of each dose (e.g., 25/Jan/2006)
Diphtheria			Measles (rubella)		
Whooping cough (pertussis)			Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)		
Tetanus			Hepatitis B		
Rubella (German measles)			Other (specify)		
Mumps					

Additional comments: \_\_\_\_\_

### 7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.

Date of screening (e.g., 25/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 test: \_\_\_\_\_

### Physical Examination

Height	Weight	Blood Pressure: Sys. Dia.	Pulse rate/minute:

### 8. Does today's examination show any abnormal findings for:

Head and neck	Yes	No	Heart (murmur, pressure)	Yes	No	Extremities (muscular)	Yes	No	Abdomen (mass)	Yes	No
Eat, nose, throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ferriss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rectal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Skin	<input type="checkbox"/>	<input checked="" 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 herein.

I find the applicant:  In good health and not suffering from any mental or medical condition(s) that would preclude participation in the Rotary Youth Exchange program.  Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation. Additionally, 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 name): \_\_\_\_\_ Signature (in blue ink): \_\_\_\_\_ Date (e.g., 25/Jan/2006): \_\_\_\_\_

Physician's address, phone, and fax (type or stamp):  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Rotary District 3490 Applicant Name Zhi-Min TSAI

## Rotary Youth Exchange - Long-Term Exchange Program

### Section D: Dental Health and Examination

**Dentist:** This student is considering a year abroad as an exchange student. Incomplete, inadequate, or improper information about the student's dental health, medications, or other problems could endanger the student while overseas. An immediate relative of the student may not complete the dental examination. Please type or print clearly. Please submit five copies of form, with original signatures in blue ink on each copy.

Applicant's Full Legal Name: Zhi-Min TSAI Date of Birth: 1/Jan/2000  Male  Female

Home Address - Street: 131, No. 145, Sec. 1, Wenhua Rd., Banqiao Dist., city State/Province: Taiwan Postal Code: 22080 Country: Taiwan

E-mail Address: rye@nd1450.org.tw Home Phone Number: +886 2 23682866 Mobile Phone Number:

### Dental Examination

1. Is the applicant in good dental health?  Yes  No

2. Does the applicant require dental work at this time?  Yes  No

3. Do you foresee the applicant requiring any dental work while abroad?  Yes  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 name): \_\_\_\_\_ Signature (in Blue Ink): \_\_\_\_\_ Date (e.g., 25/Jan/2008): \_\_\_\_\_

Dentist's address, phone, and fax (type or stamp): \_\_\_\_\_

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

## SECTION C 和 SECTION D

- Step 1. 印出表格Section C、D ( 必須使用申請書的表格，不可使用醫院的體檢表。 )
- Step 2. 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2份，再請體檢醫師依此份證明騰寫至Section C上。
- Step 3. 體檢完成後，拿給醫師**簽字蓋醫院章**。
- 注意：Section C 第2頁肺結核檢測不可空白，若結果為陽性，必須附上X光片及醫師說明。

# SECTION E

➤ 請以藍筆簽名

Rotary District # 3490 Applicant Name Zhi-Min TSAI  
**Rotary Youth Exchange - Long-Term Exchange Program**  
**Section E: Student, Parent, & Sponsor Endorsements**  
**(Guarantee Form / Visa Application Supporting Document)**

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)		Name You Wish to be Called (Deborah)		Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
Home Address - Street 13F., No.145, Sec. 1, Wenhua Rd., Banqiao Dist.,	City	State/Province Taiwan	Postal Code 22050	County	
Postal Address (if different) - Street	City	State/Province	Postal Code	County	
Internet Address rye@nd3490.org.tw	Home Phone Number +886 2 29682866	Mobile Phone Number			
Place of Birth (City, State/Province, Country) Taipei	Citizen of (Country) R.O.C. (Taiwan)	Date of Birth (e.g., 25/Jun/1999)		13/Jun/2000	

(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 host(s); (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'S GUARANTEE: We, the parent/legal guardians of the above applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (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 PARENT/LEGAL GUARDIAN hereby agree to the Applicant's and Parent's/Guardian's Guarantee (A and B) and

Signed (Applicant) (in blue ink)	Date (e.g., 25/Jan/2008)	Home Phone	E-mail
Signed (Father / Guardian) (in blue ink)	Date (e.g., 25/Jan/2008)	Home Phone	E-mail
Signed (Mother / Guardian) (in blue ink)	Date (e.g., 25/Jan/2008)	Home Phone	E-mail
Witness (Sponsor Rotary Club representative) (in blue ink)	Date (e.g., 25/Jan/2008)	Home Phone	E-mail

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT  
 The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parent/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 club and host district the acceptance of the student. The District agrees to provide adequate orientation to the student.

Sponsor District # D3490/RYEMT	Sponsor Club Name New Taipei City Lady	Sponsor Club ID #	
Name of District Rotary Youth Exchange Chair Zhi-Min TSAI	Name of Sponsor Club President	Name of Sponsor Club Youth Exchange Officer	
Street Address of District Youth Exchange Chair 13F., No.145, Sec. 1, Wenhua Rd., Banqiao Dist.,	Street Address of Sponsor Club President	Street Address of Sponsor Youth Exchange Officer	
City, State, Postal Code of District YE Chair New Taipei City, Taiwan, 220	City, State, Postal Code of Sponsor Club President	City, State, Postal Code of Sponsor Club YE Officer	
E-mail Address of District Youth Exchange Chair	E-mail Address of Sponsor Club President	E-mail Address of Sponsor Youth Exchange Officer	
Signature of District YE Chair (in blue ink) (請空著)	Signature of Sponsor Club President (in blue ink) 派遣社社長英文姓名簽名	Signature of Sponsor Club YE Officer (in blue ink) 派遣社RYE主委英文姓名簽名	
Date (e.g., 25/Jan/2008)	Home Phone Number +886 2 29682866	Date (e.g., 25/Jan/2008)	Home Phone Number
Mobile Phone Number +886 933663490	Fax Number +886 2 29672104	Mobile Phone Number	Fax Number

Rotary Youth Exchange Program: Applicant, Parent, & Sponsor Club/District Information Endorsement. Section E, Page 1 of 1

Signed (Applicant) (in blue ink) 學生英文姓名簽名	Date (e.g., 25/Jan/2008) 簽名日期	Home Phone	E-mail
Signed (Father / Guardian) (in blue ink) 父親英文姓名簽名	Date (e.g., 25/Jan/2008) 簽名日期	Home Phone	E-mail
Signed (Mother / Guardian) (in blue ink) 母親英文姓名簽名	Date (e.g., 25/Jan/2008) 簽名日期	Home Phone	E-mail
Witness (Sponsor Rotary Club representative) (in blue ink) 派遣社社長英文姓名簽名	Date (e.g., 25/Jan/2008) 簽名日期	Home Phone	E-mail

Sponsor District # D3490/RYEMT	Sponsor Club Name		Sponsor Club ID #
Name of District Rotary Youth Exchange Chair	Name of Sponsor Club President	Name of Sponsor Club Youth Exchange Officer	
Street Address of District Youth Exchange Chair 13F., No.145, Sec. 1, Wenhua Rd., Banqiao Dist.,	Street Address of Sponsor Club President	Street Address of Sponsor Youth Exchange Officer	
City, State, Postal Code of District YE Chair New Taipei City, Taiwan, 220	City, State, Postal Code of Sponsor Club President	City, State, Postal Code of Sponsor Club YE Officer	
E-mail Address of District Youth Exchange Chair	E-mail Address of Sponsor Club President	E-mail Address of Sponsor Youth Exchange Officer	
Signature of District YE Chair (in blue ink) (請空著)	Signature of Sponsor Club President (in blue ink) 派遣社社長英文姓名簽名	Signature of Sponsor Club YE Officer (in blue ink) 派遣社RYE主委英文姓名簽名	
Date (e.g., 25/Jan/2008) (請空著)	Home Phone Number +886 2 29682866	Date (e.g., 25/Jan/2008) 簽名日期	Home Phone Number
Mobile Phone Number +886 933663490	Fax Number +886 2 29672104	Mobile Phone Number	Fax Number

# SECTION G

➤ 請以藍筆簽名

**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 programs, 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. (See below). 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

Applicant Name Zhi-Min TSAI  
**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'll 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'll 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'll 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'll request that we'll 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

Applicant (print name) Zhi-Min TSAI	Signature (in blue ink)
Mother/Legal Guardian (print name)	Signature (in blue ink)
Father/Legal Guardian (print name)	Signature (in blue ink)
Witnessed in the presence of Sponsor Club/District Representative (print name and title)	Signature (in blue ink)
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.

*Adapted by the Rotary International Board of Directors, November 2006*

Applicant (print name)	Signature (in blue ink) 學生英文姓名簽名
Mother/Legal Guardian (print name)	Signature (in blue ink) 父親英文姓名簽名
Father/Legal Guardian (print name)	Signature (in blue ink) 母親英文姓名簽名
Witnessed in the presence of Sponsor Club/District Representative (print name and title)	Signature (in blue ink) 派遣社社長英文姓名簽名

Dated this \_\_\_ Day of \_\_\_ Month, \_\_\_ Year.

# SECTION H


 Rotary District 3490 Applicant Name Zhi-Min TSAI  
**Rotary Youth Exchange - Long-Term Exchange Program**  
**Section H: Secondary School Personal Reference**

**Student:** Complete the top section of this form, then give the form and a stamped envelope, pre-addressed 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 Zhi-Min TSAI Date of Birth 17 Jun 2000 Grade  Male  Female

**Evaluator:** This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and forward this form within seven days of receipt in the pre-addressed envelope provided. The information you submit will not be revealed to the student, unless required by law.

**J.Ratings**

Area	Excellent	Good	Average	Below Average	No Basis to Rate
Creative, original thought	<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"/>
Intellectual ability	<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"/>
Academic achievement	<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"/>
Flexibility, adaptability	<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"/>
Potential for growth	<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"/>
Participation	<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, adding pages if necessary, to explain your answers to questions 2 and 3, and to provide any additional comments on the applicant's suitability as an exchange student and cultural ambassador.*

**RECOMMENDATION**  
 In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I check one:  
 Strongly Recommend  Recommend  No Opinion  Do Not Recommend  Strongly Do Not Recommend

Name and Title (type or Print) \_\_\_\_\_ Signature (in blue ink) \_\_\_\_\_ Date to: 25 June 2000  
 Name of School \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.**  
 Please submit this form directly to:

Rotary Youth Exchange Program: Personal Reference Section H, Page 1 of 1

➤ 請交給導師或輔導老師填寫並簽名

➤ 完成後請寄至RYE辦公室

(新北市板橋區文化路一段145號13樓)

➤ 請註明學生姓名及派遣社

## 應完成清單

- **兩份**英文申請書 ( A - H ) ， **不需裝釘 ( 不需要釘書針 )**
- 兩份學生護照影本 ( 效期應超過**2022年9月** )
- 兩份父母護照影本 ( 請印在同一頁**A4** ， 請勿裁切 )
- 以上文件請依照順序排列 ， 於 **12/21** 前寄至**RYE**辦公室 ( 新北市板橋區文化路一段**145號13樓** )