



New Generations Service Exchange

Rotary District **2072**

1. Program Information

- Academic Internship / Vocational Visit
 Group Exchange

2. Applicant Information

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name</i>)			Name you wish to be called		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Date of Birth (<i>e.g. 23 April 1999</i>)	Citizen of (<i>Country</i>)		Place of Birth (<i>City, State, Country</i>)		
Home Address – Street	Town / City	State/Province	Postal Code	Country	
E-Mail Address		Home Phone Number	Mobile Phone Number		
Member of INTERACT CLUB / ROTARACT CLUB / other contact with ROTARY and/or other Service organization		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name Club:		

3. Family Contact Person in the event of an emergency

Full legal name as on Passport, use capital letters for FAMILY NAME			Relationship		
Home Address – Street	Town / City	State / Province	Postal Code	Country	
E-Mail Address		Home Phone Number	Mobile Phone Number		

4. Sponsor District and Club Contacts

Sponsor District Number	Name of Sponsor District NGSE Chair		E-Mail Address		
Address – Street	Town / City	State / Province	Postal Code	Country	
Home Phone Number		Business Phone Number	Mobile Phone Number		
Sponsor Rotary Club		Name of Sponsor Rotary Club NGSE Officer		E-Mail Address	
Address – Street	Town / City	State / Province	Postal Code	Country	
Home Phone Number		Business Phone Number	Mobile Phone Number		

Applicant Name _____

5. Personal Background

Religion	Dietary Restrictions (Enter "None" or explain with detail – e.g. vegetarian, vegan, allergic to ...)
Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Languages

Your native Language		Proficiency in Non-Native Language(s) <i>(indicate Poor, Fair, Good, or Fluent)</i>		
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing

7. Health Information

Do you have any mental health / medical / dental condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been treated for mental health/medical conditions in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken any prescribed medications in the past six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special health requirements (disabilities, allergies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered 'YES' to any of the above please explain fully in the space below providing as much information as possible, including the name of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.	

Applicant Name _____



Rotary District 2072

New Generations Service Exchange Program

8. Individual Exchange / Academic Internship / Vocational Visit Information

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

Preferred Period of Exchange		Preferred Length of Exchange	
Country of Priority	1.	2.	3.



Applicant Name _____

Rotary District 2072

New Generations Service Exchange Program

Applicant's Personal Background – Supplementary Information

ID Document (please attach your ID card if you are European. If not, attach your passport (the same document you will use to ask for a visa). The document MUST be valid for at least 6 months before your international travel)

Attach here you're a copy of your ID card (Europeans) or passport (others)

Applicant Name _____



Rotary District 2072

New Generations Service Exchange Program

Curriculum Vitae / Résumé

Applicant Name _____



Rotary District 2072

New Generations Service Exchange Program

Motivation Letter



Rotary District 2072

New Generations Service Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

As a New Generations Service Exchange Program participant supported by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at your expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

Rules and Conditions of Exchange

1. You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
2. You will be under the host district's authority while you are an exchange program participant and must abide by the rules and conditions of exchange provided by the host district. Any relatives you may have in the host country will have no authority over you while you are in the program.
3. You are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
4. You must have travel insurance that provides coverage for accidental injury and illness, third party liability, death benefits (including repatriation of remains), disability / dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district, with coverage from the time of your departure from your home country until your return.
5. You must purchase return travel ticket before departure from the home country.
6. You must attend all orientations and trainings offered by the Sponsoring and host districts and clubs.
7. You must have sufficient financial support to assure your well-being during your exchange.
8. The host district and club, host family must approve any other travel in writing, exempting Rotary of responsibility and liability.
9. Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are your responsibility.
10. You should communicate with your host family, if applicable, prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
11. Talk with a Rotarian or other trusted adult if you encounter any form of abuse or harassment.

Permission for Medical Care and Release from Liability

I, the applicant, do release from liability and grant permission as noted of the following while I am participating as a New Generations Service Exchange program participant:

- In the event of accident or sickness, I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
- I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for any emergency situation.

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

I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

Applicant's Declaration

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT to the full extent permitted by law, hereby releases and agrees to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant I declare that:

- I have read and understood the Program Rules and Conditions of Exchange and agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.
- I am in good health and as a New Generations Service Exchange participant understand the importance of the role of an ambassador and, should I be chosen to represent my Sponsoring Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the details entered by me in this application and the attached documents are true and accurate to the best of my knowledge.
- I purchase round-trip air travel before I depart my home country;
- I attend all orientations and trainings offered by my sponsor and host districts and clubs, and return home after completion of my exchange.

Applicant Name _____

Recommendations for a Successful Exchange

- Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
- If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- Make an effort to learn the basics of the language of the host country.
- Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved, do not wait to be asked.
- 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.
- As for its professional academic purposes, during the terms of any defined NGSE experience, our district does NOT SUGGEST candidates to take weekdays to travel.
- Visiting Italy is allowed during NGSE weekends or before or after time terms agreement, as an independent tourist.

Privacy Policy

Use of Personal Data. Your privacy is important to Rotary. The personal data you provide will be used to facilitate your exchange and will be shared with the Sending and Hosting Rotary District Organizations and Clubs, your appointed counselor, host families, and/or any other entities affiliated with the student's exchange. It will only be used for official RI business and Alumni activities; it will not be sold to or shared with third parties, unless its release is required by law. Photos of program participants taken during Rotary events may be used for program promotion.

Privacy Statement. If you are accepted into the Rotary NGSE program, this application and the information contained within will be shared with various Rotary related entities including the district and club where you live, the district and club that will be hosting your exchange and Rotary International. This information may also be shared with others associated with administering the program including exchange counselors and host families. Rotary International will only use the information for core business purposes. To correct or delete any personal information or for further information contact your District Data Protection Officer.

Signed Applicant	Signed Witness (Rotary Club representative)	Date (dd.mm.yyyy)
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Alternative Emergency Contact in home country, OTHER THAN A PARENT

Full legal name as on Passport, use capital letters for FAMILY NAME		Relationship		
Home Address – Street	Town / City	State / Province	Postal Code	Country
E-Mail Address	Home Phone Number		Mobile Phone Number	

Sponsor Club and District Endorsement

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and having reviewed the application, hereby endorse the student as qualified for New Generations Service Exchange and recommend to hosting clubs and districts the acceptance of this applicant. The District agrees to provide adequate orientation to the applicant before departure.

Sponsor District No.	Sponsor Club
Name of District NGSE Chair	Name of Club President
E-Mail Address of District NGSE Chair	E-Mail Address of Club President
Signature of District NGSE Chair	Signature of Club President
Date (dd.mm.yyyy)	Date (dd.mm.yyyy)



Rotary District 2072

New Generations Service Exchange Program

Guarantee Form

Full Legal Name as on passport or birth certificate (<i>use capital letters for your FAMILY name</i>)			Name you wish to be called		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Date of Birth (<i>e.g. 23 April 1999</i>)	Citizen of (<i>Country</i>)		Place of Birth (<i>City, State, Country</i>)		
Home Address – Street		Town / City	State / Province	Postal Code	Country
E-Mail Address		Home Phone Number		Mobile Phone Number	

Host District and Club

We, the **Host Rotary Club and District** will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and NGS Exchange volunteers and orientation for the participant upon his/her arrival. (*if applicable for this exchange*)

Host Country	Host District No.	Host Club Name	Host Club ID No.
Name of District NGSE Chair		Name of Club President	Name of Club NGSE Officer (<i>if applicable</i>)
E-Mail Address of District NGSE Chair		E-Mail Address of Club President	E-Mail Address of Club NGSE Officer
Signature / Date		Signature / Date	Signature / Date

Host District or Club Counselor (*Individual Exchanges only*)

Name			E-Mail Address		
Home Address – Street		Town / City	State / Province	Postal Code	Country
Prefix		Phone Number		Mobile Number	

Host Family (*if applicable*)

Name of Host Father	Host Father's E-Mail Address	Home Phone	Mobile Phone		
Name of Host Mother	Host Mother's E-Mail Address	Home Phone	Mobile Phone		
Home Address – Street		Town / City	State / Province	Postal Code	Country
Names and Ages of any other Adults in the Home					