# Short Term Exchange Program
# CAMP Application Form

Content revision date: 2022-12-13 Fillable form updated: 2026-05-01

This form is appropriate for International use. (Developed with input from multiple regional RYE groups and recognized by Rotary International)

## Rotary Sending District:

Submit completed application to:
*The District/ Club Youth Exchange Officer should complete the adjacent box and add their District Number in the space above before passing on to the applicant for completion.*

Read all directions on each page carefully **before** completing the application.

**If you are accepted for a camp this application will be sent to the hosting country and will serve as your introduction to the people who will organise your stay or host you.**

## Components of Your Application

- General Information: Pages 2 - 6 containing your Personal Information, Acceptance of the Rules and Conditions
- Supplementary Information
- Guarantee Form
- Copy of your passport

## Completing your Application

- **The form is designed to be completed on a computer. Handwritten Application Forms will not be accepted.**
- Answer all questions completely and as asked (*do not* write “same,” “see above,” or “see page ”). Enter the information into the space provided unless directed otherwise. To avoid any chance of misinterpretation, take care with your 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.**
- The photo of yourself on Page 2 may be digitally inserted or attached. If attached, it must be an original photograph.
- In any case, follow the instructions of your Sending District or Sending Club.

### Terminology - **Anywhere in this application:**

- The words "sponsor" or "sponsoring" mean the **sending** club or district.

## Questions?

If you have any questions about completing this application, check with your local Rotary District or Club Youth Exchange Officer.

Rotary Sending District:

# CAMP Application Form

**Smile!**
Using Adobe Reader, insert a recent, good-quality color digital passport size photo of yourself (head and shoulder only) in this space

## Personal Information

*Before you begin your application, please read all instructions on the previous page*

### 1. Applicant Information

| Full Legal Name as on passport or birth certificate *(use capital letters for FAMILY name, e.g., SMITH John)* | Name you wish to be called | ☐ Female ☐ Male ☐ |
|---|---|---|

| Date of Birth *(YYYY-MM-DD)* | Citizen of *(Country)* | Place of Birth *(City, State/Province, Country)* |
|---|---|---|

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

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

### *2.* Parent/Legal Guardian Information *(Preferred but not essential if applicant is over 18 years of age)*

| Full Name of Parent 1#/Legal Guardian | | Full Name of Parent 2#/Legal Guardian | |
|---|---|---|---|
| E-mail Address | | E-mail Address | |
| Phone Number | Occupation | Phone Number | Occupation |
| Rotarian? ☐ Yes ☐ No | If yes, name of Rotary Club | Rotarian? ☐ Yes ☐ No | If yes, name of Rotary Club |

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

| Parent/legal guardian to contact first in the event of an emergency *(specify "Parent 1#", "Parent 2#", etc.)*: | |
|---|---|

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

| Name | | | Relationship |
|---|---|---|---|
| E-mail Address | Home Phone Number | Business Phone Number | Mobile Phone Number |

### 3. Personal Background

| Religion | *Do you have any special requirements regarding religious observance? Please detail:* |
|---|---|
| Do you smoke or use tobacco products? ☐ Yes ☐ No | If yes, please explain. |
| Do you drink alcohol? ☐ Yes ☐ No | If yes, please explain. |
| Have you ever used illegal drugs? ☐ Yes ☐ No | If yes, please explain. |

*Answering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to host family or host country.*

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

## 4. Languages

| Your Native Language(s) | | **Proficiency in Non-Native Language(s)** *(indicate Poor, Fair, Good, or Fluent)* | | |
|---|---|---|---|---|
| **Non-Native Language(s)** | **Years Studied** | **Speaking** | **Reading** | **Writing** |
| | | none | none | none |
| | | none | none | none |
| | | none | none | none |

## 5. Health Information

| | | |
|---|---|---|
| Do you have any dietary restrictions and/or allergies (e.g. vegetarian, vegan, nut, gluten, lactose, etc.)? | ☐ Yes | ☐ No |
| Do you have any current mental health/medical/dental conditions? | ☐ Yes | ☐ No |
| Have you been treated for mental health/medical conditions in the past two years? | ☐ Yes | ☐ No |
| Have you taken any prescribed medications in the past six months? | ☐ Yes | ☐ No |
| Do you have any special health requirements (disabilities)? | ☐ Yes | ☐ No |

If you have answered 'YES' to any of the above please explain fully in the space below providing as much information as possible, including the name and any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional pages if necessary.

**Note: You must report to your sponsoring club / District any changes that may occur between filling this form and your departure.**

***For more personal background information please use "Supplemental Information" on page 7.***

## SENDING CLUB and DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant *and his/her parents/legal guardians** and having reviewed the application, hereby endorse the applicant as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this applicant. The District agrees to provide adequate orientation to the applicant *and parents** before the applicant's departure. **(delete if applicant over 18)*

| | | |
|---|---|---|
| Sending District No. | Sending Club Name | Sending Club ID No. |
| Name of District Youth Exchange Chair or YEO | Name of Club President | Name of Club Secretary / YEO |
| E-mail Address | E-mail Address | E-mail Address |
| Mobile Phone Number | Mobile Phone Number | Mobile Phone Number |
| Signature of District Youth Exchange Chair or YEO | Signature of Club President | Signature of Club Secretary/YEO |
| Date *(YYYY-MM-DD)* | Date *(YYYY-MM-DD)* | Date *(YYYY-MM-DD)* |

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

# Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange participant 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 participant'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

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 participant 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. Participants 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) 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.
9) You must have health and accident or travel insurance that provides 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 sending Rotary club or district, with coverage from the time of your departure from your home country until your return.
10) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sending Rotary club or district.
11) 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.
12) 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.
13) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
14) Any costs related to an early return home or any other unusual costs are the responsibility of you and your parents or legal guardians.
15) 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.
16) Serious romantic activity is to be avoided. Sexual activity is forbidden.
17) 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) 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.
2) Make an effort to learn the basics of the language of the host country.
3) 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.
4) Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse the costs you incur.
5) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

## Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual and psychological abuse.

*Adopted by the Rotary International Board of Directors, October 2019*

## Privacy statement

If the applicant is accepted into the Rotary Short-Term Program, this application and the information contained within will be shared with various Rotary related entities including the applicant's sponsor district and club and also the district and club that will be hosting the exchange. This information may also be shared with others associated with administering the program including exchange counselors and host families.

To correct or delete any personal information, please contact the Chairperson of the Rotary Sponsor District.

## DECLARATION

**IN CONSIDERATION** of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify Rotary International, the Rotary Club and Rotary District, all host parents and members of their families, and all members, officers, directors, committee members, chaperones and employees of the host and sending 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 an applicant, 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 participant 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 participant, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange participant should I be chosen to represent my sending 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 page 3 'Health Information'.

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 participant:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of applicant 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 providing such notice.
- 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 regardless of final outcome.

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

**Signatures** *(of parents/guardians not required if applicant is over 18 years of age)*

| | | |
|---|---|---|
| Signed (Applicant) | Signed (Parent 1#/Guardian) | Signed (Parent 2#/Guardian) |
| Witness Name (Sending Rotary club representative) | Signed (Witness) | Date *(YYYY-MM-DD)* |

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

# Consent to Use of Personal Data, Images and Recordings

1. For the purposes of this policy the term 'Rotary' applies to Rotary multi-districts and districts and clubs participating in the youth exchange programme as sponsors or hosts to exchange participants.
   Rotary will collect and process and use your personal data to coordinate your exchange with international exchange partners, schools and government agencies and to facilitate your participation in Rotary Youth Exchange activities at home and abroad.
   Rotary may need to disclose your medical information in compliance with local privacy laws to verify your eligibility for medical treatment.
   Rotary will retain your contact details. Digital copies of your personal data will be retained on a secure database. Five years after the end of your exchange this data will be transferred to an archive within a database which allows access only when required by law or as authorised by the Data Protection Officer.

2. I consent to anyone associated with the Rotary Youth Exchange programme (including Rotarians, host family members, and agents of the programme) recording my voice and image by any means ("Recordings").

3. I grant "Rotary" the right free of charge to use, copy, display, modify, distribute, publish and license the "Recordings" for promotional, marketing and educational purposes. I understand that this could include use on websites, in publications, via streaming and in social media. I agree that "Rotary" may retain the "Recordings" for historical and research purposes. I understand that at any time I can revoke my consent and that my "Recordings" be deleted.

**Signatures** *(of parents/guardians not required if applicant is over 18 years of age)*

| Signed (Applicant) | Signed (Parent 1#/Guardian) | Signed (Parent 2#/Guardian) |
|---|---|---|
| Date *(YYYY-MM-DD)* | | |

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

# Supplemental Information

## Applicant's Personal Background

Please answer the following questions:

| |
|---|
| What are your free time activities? |
| What are your school, college or university education attainments and vocation? |
| What are your special interests, skills and accomplishments? |
| Could you contribute to entertainment (e.g. play musical instrument etc.)? |
| What is the reason for your program participation (e.g. choice of specific youth camp)? |
| Other personal remarks. |

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

# Guarantee Form

| | | | | |
|---|---|---|---|---|
| Full Legal Name as on passport or birth certificate *(use capital letters for your FAMILY name, e.g., SMITH John)* | | Name you wish to be called | ☐ Female ☐ Male ☐ | |
| Place of Birth *(City, State/Province, Country)* | Citizen of *(Country)* | Date of Birth *(YYYY-MM-DD)* | | |
| Home Address – Street | Town/City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number | Mobile Phone Number | | |

## HOST DISTRICT and CAMP GUARANTEE

The Rotary District and Camp Organisation Committee, where specified within this section, will provide room and board in approved homes, invite the applicant to participate in Rotary events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and Youth Exchange volunteers and orientation for the applicant upon his/her arrival.

| | | | |
|---|---|---|---|
| Host Country | Host District No. | Name of the Camp (and/or Host Club of the Camp, if applicable) | |
| Name of District Youth Exchange Chair or District YEO | | Name of Camp Committee Chair (and/or Host Club Camp Representative, if applicable) | |
| E-mail Address of District Youth Exchange Chair or District YEO | | E-mail Address of Camp Committee Chair (and/or Host Club Camp Representative, if appl.) | |
| Signature of District Youth Exchange Chair or District YEO | | Signature of Camp Committee Chair (and/or Host Club Camp Representative, if applicable) | |
| Date *(YYYY-MM-DD)* | Mobile Phone Number | Date *(YYYY-MM-DD)* | Mobile Phone Number |

## HOST DISTRICT or CLUB COUNSELOR

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

## HOST FAMILY *(if applicable)*

| | | | | |
|---|---|---|---|---|
| Name of Host Parent 1# | Host Parent 1# E-mail Address | Business Phone | Mobile Phone | |
| Name of Host Parent 2# | Host Parent 2# E-mail Address | Business Phone | Mobile Phone | |
| Host Family Home Address – Street | Town/City | State/Province | Postal Code | Country |
| Home Phone Number | Names and Ages of any Other Adults in the Home | | | |

## ACCOMMODATION *(if not hosted by a Host Family)*

| | | | |
|---|---|---|---|
| If the camp is moving from one place to the other, please indicate the first accommodation place. | | | |
| Form of accommodation (e.g. Youth Hostels, Campuses, Dormitories, tented Camps, etc.) | | | |
| Name of the place/accommodation | Address | City | ZIP |

| | |
|---|---|
| **Applicant's Name** | |
| **Rotary District No.** | |

# Copy of Passport

Fill Applicant Name above with **full legal name**

Use capital letters (UPPER CASE) for family name(s)

## Click Here to select file

containing scanned copy or good quality image of Applicant's Passport.

Image should include both pages opened to photo and passport number.

Click Rotary logo (above) to view sample illustration.

The copy should show only the passport pages.
Use a suitable editing tool to remove (crop) any blank or other image areas which are not part of the passport before inserting the file here.

If automatic insertion not supported, insert image manually and adjust size to fill area within frame.

(Works best using Adobe Acrobat or Acrobat Reader)