



MUST apply at local Rotary club!
Outbound info at ! www.exchangestudent.org

DISTRICT 7730 ROTARY YOUTH EXCHANGE SCHOOL YEAR PROGRAM

Preliminary "Short" Club Application

Mail To Club YEO: _____
 Street: _____
 Town: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

YEO NOTE : Club approval & mailing instructions on bottom of next page !

ATTACH A RECENT GOOD
 QUALITY
 HEAD AND SHOULDERS
 PHOTOGRAPH
 (2 x 2 1/2)

"SMILE"

IF POSSIBLE, PHOTOGRAPH
 SHOULD BE IN COLOR AND
 SHOW YOU SMILING

Student's Name: _____ Sex: Male ___ Female ___
 Mailing address: _____ Student phone: (____) _____ - _____
 City: _____ State: _____ Zip: _____ Email: _____
 Date of birth: Month _____ Day _____ Year _____ Age now _____

Father's name: _____ Mother's name: _____
 Father's phone: _____ Mother's phone: _____
 Father's e-mail: _____ Mother's e-mail: _____

1. Present grade in school ____ Approximate cumulative place in class ____ out of total number in class of _____. GPA _____
2. What are your school interests, activities and achievements? (Class office, student council, athletics, etc.)
3. What are your hobbies or accomplishments? (Art, music, swimming, golf, etc.)
4. What are your future ambitions and career plans?
5. You may be asked to speak to Rotary Clubs or other organizations. Have you had any experience speaking before large groups?: (Yes ___ No ___) Please list: _____

6. What do you specifically hope to accomplish as an exchange student? _____

7. What language(s) do you speak besides English? _____

(Continue on reverse side.)

PARENTAL CONSENT

Consent of parents for student named on reverse side to participate in the Rotary Youth Exchange Program

1. We hereby give permission for said student to travel and otherwise participate in the Rotary exchange applied for, and agree to pay all his student costs in this Exchange's material as sending family costs.
2. We hereby relieve members of any host family, any Rotarian, Rotary club and/or Rotary District involved with this exchange, and/or Rotary International, of any financial responsibility in case of accident, illness or death, except that furnished by any insurance policy provided under the Exchange (cost of insurance to be borne by parents).
3. It is important that said student be an ambassador of good will, meet people and challenges well, adapt to being away from family and friends, and adapt to new surroundings and experiences. Do you have any misgivings in this regard? Please explain your answer briefly
4. Does said student have any health problems that might require medication or restrict any activities during this exchange? If so, describe.
5. Some older students smoke and/or drink alcoholic beverages. So do some members of some host families. Would you anticipate that this student would smoke (yes ___ no ___) or drink (yes ___ no ___) during this exchange?

SIGNATURES: Please Sign Blue Ink !

Father: _____ Mother: _____
Witness: _____ Title: _____
Date: _____

NOMINATING ROTARY CLUB ENDORSEMENT: Please Sign Blue Ink !

Rotary Club: _____ Date: _____
Signature: _____
Typed Or Printed Name: _____ Club Title: _____
Address: _____
City, State, Zip: _____
Phone: (_____) _____ - _____ Email _____
Check all applicable: YEO Current Volunteer affidavit CBC DOS trained Safety trained

Were The Students And Parents Interviewed By Several Members Of The Nominating Rotary Club?

Yes ___ No ___ Date _____

Clubs Must Mail Approved ESSEX Applications (totally completed and signed in Blue Ink) to:

JOHNNY HAMILTON

DISTRICT YOUTH EXCHANGE CHAIR

2265 SOUTHEAST BLVD

CLINTON, NC 2832-4764