



#### COME ISCRIVERSI AD UN CAMP

Compilare la documentazione richiesta e consegnarla al Rotary Club che sponsorizza la Vscandidatura per le firme del Presidente del Club e del Responsabile Giovani I documenti da consegnare sono i seguenti:

- Lettera di accompagnamento
- Lettera autorizzazione trattamento dati personali
- Copia del primo bonifico di 200 euro
- Ocopia in inglese scritta a computer dell'Application Form dalla pagina 1 alla pagina 8
- Ritirare i documenti firmati e recapitarli alla Segreteria che li controllerà e provvederà a raccogliere la firma del Presidente della Commissione Scambio Giovani.
   Vi preghiamo di inviare un unico pdf con tutta la documentazione all'indirizzo della segreteria
- La Segreteria autorizzerà poi progressivamente gli iscritti, seguendo l'ordine cronologico di ricevimento delle AF complete, ad indicare i camp prescelti dall'elenco pubblicato sul sito www.rotaryyouthexchange2042.com
- 3. Vi ricordiamo che per ragioni organizzative, solo dopo l'autorizzazione da parte della Segreteria sarà possibile scegliere uno dei Camp disponibili nel nostro sito <a href="https://www.rotaryyouthexchange2042.com">www.rotaryyouthexchange2042.com</a> nella sezione Camp 2024 comunicando il camp prescelto inviando una email a segreteriarye2042.camp@gmail.com
- 4. Vi chiediamo di porre attenzione alla data di partenza, all'età richiesta, ad eventuali costi aggiuntivi a vostro carico segnalati nell'offerta ed a tutte le descrizioni perché, nel momento in cui viene chiesta la disponibilità per il camp scelto, non è poi più possibile cambiare destinazione. La decisione deve essere presa con i genitori.
- 5. Costo di iscrizione: 400 euro in due rate come specificato nella lettera accompagnatoria
- 6. Altri costi: quando evidenziati nell'offerta del camp scelto

Per chiarimenti contattare la Segreteria all'indirizzo email segreteriarye2042.camp@gmail.com

Ella Lazzarini
Camp Coordinator
segreteriarye2042.camp@gmail.com





## Programma SCAMBIO GIOVANI – Camp 2024 Lettera di accompagnamento della domanda di iscrizione

Noi sottoscritti_	e
dichiariamo di aver preso visione delle	regole del programma SCAMBIO GIOVANI del Rotary
International e chiediamo che venga ac	cettata la domanda di iscrizione di nostro/a figlio/a
nato/ail	Cod. Fisc
: 0:14D 0004:	
per i CAMP 2024 in una delle aree geog	grafiche proposte sul sito
https://www.wo	-t
nttps://www.ro	otaryyouthexchange2042.com/
II candidato/a ha g	già partecipato ad un camp
SI NO	Se SI indicare in che anno

Abbiamo preso visione dei costi seguenti, che ci impegniamo a pagare nei termini richiesti:

- 1. A = Contributo SPESE ISTRUTTORIE di Euro 200,00 non rimborsabili;
- 2. B = **QUOTA DI ISCRIZIONE** di **Euro 200,00**, da pagarsi al momento dell'assegnazione del CAMP a mezzo bonifico bancario

Accettiamo le seguenti clausole:

- 1. La domanda è presa in esame solo al versamento del Contributo SPESE ISTRUTTORIE (A)
- 2. In nessun caso è previsto il rimborso del Contributo SPESE ISTRUTTORIE (A)
- 3. La quota di iscrizione (B) deve essere versata entro OTTO giorni dall'assegnazione del CAMP
- **4.** Nel caso la Commissione Rotary non fosse in grado di organizzare lo scambio o nel caso di rinuncia a partire da parte dello studente, la quota di iscrizione (B) verrà restituita entro il **30** maggio **2024**

Per rinunce dopo tale data, la quota di iscrizione (B) non sarà rimborsabile.

5. In nessun caso né il Rotary, né la Commissione Scambio Giovani possono essere ritenuti responsabili di eventuali disguidi o costi dovuti al viaggio che sarà a totale carico dello studente.

Ella Lazzarini
Camp Coordinator
segreteriarye2042.camp@gmail.com





6. A fronte delle procedure richieste dalla certificazione Internazionale del Distretto Rotary per lo Scambio Giovani, confermiamo la nostra disponibilità a un colloquio preliminare con i Rotariani della Commissione

7. Verrà organizzato, in data da definirsi, un incontro con TUTTI i ragazzi/e iscritti al programma e i loro familiari. Rammentiamo che la partecipazione a questo incontro è OBBLIGATORIA. Coloro che non saranno presenti verranno esclusi dall'assegnazione e non sarà rimborsata la quota di iscrizione

Luogo e data:			
FIRMA del PADRE	FIRMA della N	MADRE	FIRMA dello studente
E-MAIL candidato/a:			
E-MAIL genitori:			
Telefono per contatto:			
Allegati: -AUTORIZZAZIONE TRATTA -APPLICATION "SHORT TEF -copia bonifico bancario		` ,	
IL ROTARIANO PRESENTAT	ГОRE	_DEL ROTARY CLU	JB

Ella Lazzarini Camp Coordinator segreteriarye2042.camp@gmail.com





#### PREFERENZE, NON VINCOLANTI, ASSEGNAZIONE CAMP 2023

Vi chiediamo di darci in questa sezione un'idea delle vostre preferenze in modo da potervi fare delle proposte più mirate e anche di fornire un utile report ai nostri corrispondenti esteri. Saranno così in grado di migliorare la loro offerta.

Queste vostre indicazioni NON SONO VINCOLANTI per l'assegnazione dei camp da parte della Commissione Scambio Giovani

CAMP A CUI VORRES	TE PARTECIPARE		
1	. 2	3	
AREA DI MAGGIOR IN	TERESSE		
classifica da 1 a 4 1	Max interesse4	Min interesse	
TURISMO	SPORT	SOCIETA	A' HOBBY
PAESI ORGANIZZATO	RI		
1	2	3	

Ella Lazzarini Camp Coordinator segreteriarye2042.camp@gmail.com





# Informativa ai sensi dell'art. 13 del Nuovo Reg. Europeo sulla protezione dei dati (GDPR 679/2016).

L'Associazione Scambio Giovani del Distretto 2042 del Rotary International è una associazione membro del Rotary International. Le finalità dell'Associazione, non aventi scopo di lucro, sono di perseguire gli scopi del Rotary International e di realizzare in collaborazione con altri Distretti esteri del Rotary International scambi culturali di durata annuale, scambi culturali di durata breve, camp tematici e scambi con finalità di internship per ragazzi di età compresa tra i 15 e i 30 anni. L'Associazione opera per mezzo di una Commissione Scambio Giovani del Distretto 2042. Le precisiamo che i dati personali e sensibili da lei forniti anche riferiti a minori e le immagini che la/li ritrarranno verranno trattati nel pieno rispetto della disciplina sulla privacy e, in ogni caso, in conformità con quanto stabilito dal Reg. Europeo sulla protezione dei dai (GDPR 679/2016). I dati da Lei conferiti saranno trasmessi anche al Rotary International per attività istituzionali strettamente connesse con gli scopi dell'associazione e al Distretto 2042 per gli stessi motivi.

#### -Identità e contatti dei titolari

Il Titolare del trattamento è il Responsabile della Commissione protempore e il Responsabile del trattamento è il responsabile della gestione informatica protempore.

Il Titolare del trattamento del Distretto 2042 è il Governatore pro tempore e il Responsabile del trattamento è il suo Segretario pro tempore.

#### -Fonte dei dati e finalità del trattamento

I dati personali e sensibili oggetto di trattamento, riferibili alle persone fisiche sono forniti in ragione della Sua richiesta di partecipare alle attività dell'Associazione e ad almeno uno dei programmi realizzati dall'Associazione. I dati personali cui si fa riferimento sono riconducibili ad aspetti identificativi (ad es. nome, cognome, recapito telefonico, e-mail,...).

I dati personali e sensibili e le immagini verranno trattati con le seguenti finalità:

- ① Inviare copia del modulo di iscrizione (application form) ai Distretti e Multidistretti ospitanti, ai Club ospitanti, alle scuole ospitanti e alle famiglie ospitanti per finalizzare lo scambio
- ① Inviare copia della Guarantee Form al Rotary International, ai Distretti e Multidistretti ospitanti, ai Club ospitanti, alle famiglie ospitanti
- ① Utilizzare il nome e le immagini da lei forniti sui mezzi di comunicazione dell'Associazione e del Distretto 2042 e per l'invio della newsletter
- Ocondividere i report mensili all'interno della Commissione e dei Club sponsor

Ella Lazzarini
Camp Coordinator
segreteriarye2042.camp@gmail.com





① Condividere le comunicazioni a livello elettronico, anche con l'utilizzo di social media del Distretto e dei Distretti e Multidistretti ospitanti

#### -Conferimento dei dati

Il conferimento dei dati è facoltativo ma il mancato conferimento potrà comportare l'impossibilità di procedere con la realizzazione dello scambio culturale o di internship di cui in premessa.

#### -Destinatari dei dati personali

I dati personali e sensibili conferiti saranno oggetto di comunicazione a soggetti appositamente individuati quali Responsabili del trattamento (interni/esterni) ed incaricati a diretto riporto dei Responsabili.

#### -Conservazione dei dati personali

I Titolari del trattamento conservano i dati personali e sensibili riferibili ai partecipanti a programmi di scambio o camp per la durata di anni 5 anni dalla scadenza della avvenuta partecipazione.

#### -Diritti dell'interessato

L'interessato può esercitare i suoi diritti scrivendo ai Titolari del trattamento utilizzando gli indirizzi e-mail: <a href="mailto:segreteriarye.long@gmail.com">segreteria@gmail.com</a> o <a href="mailto:segreteriarye.long@gmail.com">segreteria@rotary2042.it</a>.

Si ricorda che i diritti che l'interessato può esercitare sono i seguenti: accesso (art. 15), rettifica (art. 16), cancellazione (art. 17), limitazione del trattamento (art. 18), portabilità (art. 20), opposizione (art. 21), opposizione a processi decisionali automatizzati (art. 22).

#### CONSENSO ALL'USO DELLE INFORMAZIONI

Dichiaro di aver preso debita visione e conoscenza delle informazioni fornite come sopra dal titolare del trattamento ai sensi della normativa vigente ed acconsento espressamente al trattamento dei dati personali, anche sensibili,

 per il perseguimento delle finalità indicate nella suddetta informativa, nonché alla comunicazione degli stessi con le modalità, per le finalità ed ai soggetti indicati nell'informativa stessa

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segreteriarye2042.camp@gmail.com





 acconsento all'invio da parte vostra di comunicazioni di carattere informativo e promozionale tramite i dati personali forniti (eMail, telefono, cellulare) da parte del Distretto 2042 del Rotary International e dei singoli Club ad esso aderenti

Data	Nome dello Studente:
	Firma:
Data	Nome di un Genitore:
	Firma:
Data	Nome di un Genitore:
	Firma:

Ella Lazzarini Camp Coordinator segreteriarye2042.camp@gmail.com



# Short Term Exchange Program CAMP Application Form

Form developed by Europe, Eastern Mediterranean and Africa (EEMA) Youth Exchange Regional Group, 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 student 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.

#### 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**

# **Personal Information**

with regards to host family or host country.

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

Full Legal Name as on passport or birth	n certificate (use capital lett	ers for FAMILY I	name, e.g., Si	MITH John)	Name You Wi	sh to be Called	Female Male
Date of Birth (e.g., 23 April 1999)	Citizen of (Cour	ntry)		Place of Birt	th (City, State/P	rovince, Country)	
Home Address – Street		Town/City			State/Provinc	e Postal Code	Country
iome Address – Offeet		Town/Only			Otate/i Toville	ostal Code	Country
E-mail Address			Home Phone	Number		_  Mobile Phone Nur	mber
2. Parent/Legal Guardia	n Information (Pret	ferred but not e	essential if a	applicant is o	over 18 years	of age)	
ull Name of Parent 1#/Legal Guardian	1		Full Name of	Parent 2#/Le	gal Guardian		
E-mail Address			E-mail Addre	ss			
Phone Number	Occupation		Phone Number Oc		Occupation		
Rotarian?	If yes, name of Rotary Cl	yes, name of Rotary Club Rotarian? If yes, nam		f yes, name of Ro	es, name of Rotary Club		
Yes No			Yes	No			
			103				
Parent/legal guardian to contact fi	I rst in the event of an em	nergency (spec			2#", etc.):		
Parent/legal guardian to contact fin			cify "Parent	1#", "Parent		ARENT/GU	ARDIAN
Parent/legal guardian to contact fin			cify "Parent	1#", "Parent		ARENT/GU	ARDIAN
Alternative Emergency		nt in home	cify "Parent	1#", "Parent	THAN A P	ARENT/GUA	
Alternative Emergency	Contact for stude	nt in home	cify "Parent"	1#", "Parent	THAN A P		
Alternative Emergency	Contact for stude	nt in home	country,  Business Pho	OTHER	THAN A P	Mobile Phone Nur	
Alternative Emergency  Jame  -mail Address  3. Personal Background  Religion  Do you smoke or use tobacco products  Yes No	Home Phone Number  Do you have any species? If yes, please explain.	nt in home	country,  Business Pho	OTHER	THAN A P	Mobile Phone Nur	
Alternative Emergency Name E-mail Address  3. Personal Background Religion Do you smoke or use tobacco products	Home Phone Number  Do you have any special	nt in home	country,  Business Pho	OTHER	THAN A P	Mobile Phone Nur	



Applicant's Name	
Rotary District No.	

#### 4. Languages

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

#### 5. Health Information

Do you have dietary restrictions and/or allergies (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 of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper 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 and background information please use 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 student as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents\* before the student's departure. \*(delete if applicant over 18)

Sending Club Name	Sending Club ID No.	Name of the Sending Rotary Club Representative/Interviewer
E-mail Address	Home Phone Number	Mobile Phone Number
Date (e.g., 23 April 2010)	Signature of the Sendin	g Rotary Club Representative
Sending District No.	Name of District Youth B	Exchange Chair or District YEO Responsible
E-mail Address	Home Phone Number	Mobile Phone Number
Date (e.g., 23 April 2010)	Signature of District You	th Exchange Chair or District YEO Responsible



Applicant's Name	
Rotary District No.	

# Rules and Conditions of Exchange, Permissions and Declarations

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

#### Rules and Conditions of Exchange

- You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange student and must abide by the rules and conditions of exchange provided by the host district, Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- You are not allowed to possess or use illegal drugs.
   Legal medications that are prescribed to you by a physician are allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home. Excessive consumption and drunkenness is forbidden.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 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.

- 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**

- 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.
- 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.
- 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 Rotarians, Rotarians' spouses, partners, and other volunteers must safeguard the children and young people they come in contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

#### **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 a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my 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.

#### **Privacy statement**

If you are accepted into the Rotary Short-Term Program, this application and the information contained within will be shared with various Rotary related entities including the sponsor district and club where you live, the district and club that will be hosting your exchange. This information may also be shared with others associated with administering the program including exchange counselors and host families. Rotary will only use the information for core business purposes. To correct or delete any personal information, please contact the Chairperson of your Rotary Sponsor District.

#### 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 student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/l 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 (Sending Rotary club representative)	Signed (Witness)	Date (e.g., 01/Jan/2006)			
		,			



Applicant's Name	
Rotary District No.	

#### CONSENT TO USE OF PERSONAL DATA, IMAGES AND RECORDINGS

- 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 students.
  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 deletetd.

**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 (e.g., 01/Jan/2023)		



Applicant's Name	
Rotary District No.	

# **Supplemental Information**

## **Applicant's Personal Background**

Please answer the following questions:

1 What are your free time activities?
What are your free time activities?
What are your school, college or university education attainments and vocation?
What are your school, conege 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)?
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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			ed	Female Male			
Place of Birth (City, State/Province, Country)					Citizen of (Country)			Date of Birth (e.g., 23 April 1999)				
Home Address – Street			Town/City	own/City		State/Prov	ince	Postal C	Code	Country		
E-mail Address				Home Phone Number			Mobile Phone Number					
HOST DISTRICT	and CAM	D CHADAI	NTEE					1				
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 student upon his/her arrival.												
Host Country	Host Distric	t No.		Name o	of the Camp (and	d/or Host Clu	b of the Cam	o, if ap	oplicable)			
Name of District Youth Ex	I schange Chair	or District YE	0	Name o	of Camp Commit	tee Chair (ar	nd/or Host Clu	ıb Caı	mp Repres	sentativ	e, 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	Mobile Phone Number			Date	Date Mobile Phone Number							
HOST DISTRICT	or CLUB	COUNSEL	OR									
Name					E-mail Addres	s						
Home Phone Number Business Phone Number				Mobile Phone Number								
					<u> </u>							
HOST FAMILY (if applicable)  Name of Host Parent 1# Host Parent 1# E			E-mail Ad	E-mail Address			Business Phone Mob			Phone		
Name of Host Parent 2# Host Parent 2# E			E-mail Ad	mail Address Business Phone Mobile F			Phone					
Host Family Home Address – Street To			own/City	City State/Province Postal Co			de	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			i	Cit			City			ZIP		