
**Rotary Youth Exchange
Long-Term Program Application**



Submit completed application to:

〒271-0092 千葉県松戸市松戸1281
ユニティビル4F

国際ロータリー第2790地区ガバナー事務所
新世代奉仕(青少年交換P)委員会

ADOBE ACROBAT READER
の場合は 入力は可能ですが保
存はできません。

ページを入力都度、完成させ
印刷して保管するように

保存する場合は

ADOBE ACROBAT の購入
をするように。

Instructions for Rotary Youth Exchange Program Application

Read all directions on each page carefully **before** completing the application. Use the checklist on the inside back cover to ensure that you have completed all sections and obtained all necessary signatures.

If you are accepted as an exchange student, this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you.

Components of Your Application

Your application consists of:

- All forms in this application
- Copy of your passport or birth certificate
- Copy of your school transcript

Filling Out Your Application

Your application **must** be legible. Typed or computer-generated applications are strongly preferred. Answer all questions completely and as asked (*do not* write "same," "see above," or "see page ____"). Enter your information directly onto the application unless directed otherwise. Make sure to use correct 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. On pages that have a box in the upper right-hand corner marked "Applicant Name," enter your preferred form of your name. For example, an applicant whose full legal name is Joseph David Smith might enter *Joseph Smith* or *Joe Smith*.

Making Photocopies and Signing Forms

You will need to submit four complete sets (your original plus three photocopies) of this application. (You may also wish to make an additional set for your own records.) Sets 2-4 can be good-quality photocopies. All signatures on all sets **must** be signed in BLUE ink. To accomplish this:

1. Complete the application form. Do not sign it.
2. Make three good-quality photocopies of the completed application.
3. Sign all four sets yourself, then have your parents/legal guardians sign all sets.
4. Medical and dental forms: Ask your physician and dentist to make three copies of the completed medical/dental form *before* signing it and then to sign each copy in blue ink. (It's a good idea to include a blue pen when you give them the form.)

All attached photographs must be originals or good-quality color copies.

Questions?

If you are completing this application, check with your school counselor or your local Rotary club's Youth Exchange officer. Once you return it to your local Rotary club/district as they've instructed.

Do you have any additional instructions. If none, please check here: ☐

Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by the Rotary International Board of Directors, November 2002

当該地区の地区番号

千葉県を示す

今後この番号を記憶すること

以降この地区番号は各ページに複写されます

2790

手書きは極力避けること

写真:笑顔で(カラーなるべく)

『見栄え』いいものを!

これであなたを受け入れるかを相手は判断します

氏名(パスポートと同じつづりで:名字は大文字)

氏名は 名+氏で記入 名字は大文字にすること

Katsumoto KURODA

住所は英語表記で

電話番号は +81 を頭に追加(以降すべて!)

E-Mailアドレスは 派遣先でも

使えるものを今から取得すること

(携帯メールではだめ)

保護者がロータリアンの場合記入する

家族構成を記入

邦文の申請書を参考に記入する



District 2760

Long-Term Exchange Program

Personal Information

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

写真(笑顔!)

Smile!

Attach a recent, good-quality color photo of yourself (head and shoulders).

Original photos or color copies must be attached to the application.
Size: 2.3 x 3.4 in. (5 x 6.5 cm)

カラー写真であなたを判断されます

Katsumoto KURODA

1-10-62, Minamigaoka, (どう呼ばれたいか) ☐ Female

City	State/Province	Postal Code	Country
NAGOYA	AICHI	464-0042	JAPAN
Postal Address (as written on Street)			
City	State/Province	Postal Code	Country
Date of Birth (e.g., 01/Jan/1999)		Place of Birth (City, State/Province, Country)	Citizen of (Country)
5/Feb./1950		Hekinan, Aichi, JAPAN	JAPAN

+81-52-722-5530 K-kuroda@sa.starcate.ne.jp

2. Parent/Legal Guardian Information

Full Name of Father/Legal Guardian		Full Name of Mother/Legal Guardian	
Masashi KURODA		Michiko KURODA	
Address — Street		Address — Street	
1-19, Takemura-cho		1-19, Takemura-cho	
City	State/Province	City	State/Province
Nagoya	Aichi	Nagoya	Aichi
Postal Code	Country	Postal Code	Country
464-0042	JAPAN	464-0042	JAPAN
E-mail		E-mail	
mkuroda@k.odite.co.jp		None	
Home Phone	Mobile Phone	Home Phone	Mobile Phone
+81-52-831-xxxx	+81-90-xxx-xxxx	+81-52-831-xxxx	+81-90-xxx-xxxx
Occupation		Occupation	
Company President		Housewife	
Business Phone	Fax	Business Phone	Fax
+81-566-41-2151	+81-566-42-5149		

保護者(両親)の情報を記入する

Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, name of Rotary club: Hekinan	If yes, name of Rotary club:
<input type="checkbox"/> Check here if your parents are divorced or separated. Authorizations should be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation.	
Parent/legal guardian to contact first in the event of an emergency:	

ロータリアンかどうかを記入する

3. Siblings (add pages as necessary)

Name	Gender	Age	Occupation	Living at Home
Akimasa KURODA	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	30	Office worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Takeshi KURODA	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	27		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

自動的に表示されます

4. Personal Background

a. Do you have any dietary restrictions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	食事制限の内容を具体的に記入する
b. Do you smoke?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. Do you drink alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Have you ever been involved with illegal drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Answering yes will not automatically eliminate you as a candidate; however, it may require special consideration of host family assignments.

5. Secondary School Information

Name of Secondary School you currently attend		Attach a transcript of secondary school courses you have completed and the grades you received in the last completed year of school. The transcript must be in English.	
Address — Street			
City	State/Province	Postal Code	Country
Phone	Fax	E-mail	
Number of grades/levels at your school		Year you will finish secondary school	Years of school attended

6. Languages

Native Language:		Japanese		
		Proficiency (indicate Poor, Fair, Good, or Fluent)		
Non-native Language(s)	Years Studied	Speaking	Reading	Writing
French	2	poor	poor	poor
English	10	poor	poor	poor
Chinese	2	poor	poor	poor

7. Sponsor District and Club Contacts

Tokutomi ANDO		Name of Sponsor Club Youth Exchange Officer		
1-1-24.Noritake.Nakamura-Ku		XXXXXXXX		
Nagoya Aichi 453-0101 JAPAN		Province	Postal Code	Country
+81-52-06-1841-00-0000-0000		Aichi	444-xxxx	JAPAN
+81-52-45-1122		Mobile Phone		
t-ando@naa.att.ne.jp		+81-90-xxxx-xxxx		
		Fax		
		+81-566-xx-xxxx		
		Email: xouichi-xxx@xxxxx.ne.jp		

食事制限あるときは正直に記入すること

必ず『NO』にチェックを！

NOでない学生は留学不可

語学の程度の評価は 学校の先生に確認を

地区青少年交換委員長の情報
名刺を渡すので、そこから記入すること

スポンサーRCの新世代奉仕委員長の情報
スポンサーRCに確認すること



District _____

Applicant Name _____

Long-Term Exchange Program

Letters and Photos

自動的に表示されます

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses).

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your name on each. Attach your letter to this page. Maximum length: 3 pages.

1. What do you do when you have free time?
2. What 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?
3. What are your school interests and activities? What leadership positions have you held?
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?*)
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?*)
6. How would you describe your community? (*Is it in or near a major city? What is the population? industry? economy?*)
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?*)
8. What trips have you taken outside your country? Why did you take these trips, with whom, for how long?
9. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
10. What do you feel are your strong, and weak, characteristics?
11. What are your plans and ambitions for your education and career? Why?
12. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter

Write a letter to your child's host club and families, incorporating your answers to the following questions.

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your child's name on each. Attach your letter to this page. Maximum length: 2 pages.

1. How is your child's relationship with you and your family? with his/her friends?
2. How does your child react to disagreement, discipline, and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of independence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. Are there any other comments you would like to share with the host families?

応募者本人への質問に答える

各項目に対し答えること

A4に 2-3枚で

(10-11ポ)のタイプを使用すること

1枚~1.5枚では短い。

苦手なこと、物、動物等ははっきり明示する
手書きは基本的にだめとします

保護者への質問に答える

(保護者自身で作成してください)

(相手のクラブ、ホストファミリー向けです)

留意点は上記と同様です

最長で A4 2ページまでです

Applicant Name	
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Student's Photos

Select a color photograph 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.

MY FAMILY	MY SPECIAL INTEREST
<p><i>Photo that includes members of your immediate family</i></p>	<p><i>Photo of you participating in your favorite hobby or activity</i></p>
SOMETHING IMPORTANT TO ME	MY HOME
<p><i>Photo of your friends, pet, musical instrument, etc.</i></p>	<p><i>Photo of your house or building where you live</i></p>

写真(カラースリットする)

必要な 短いコメントを

両面テープまたは糊付けで貼付

この写真であなたを判断します。

見栄えのいい写真を使用する



District 2760

Applicant Name

Katsumoto KURODA

Long-Term Exchange Program

Medical History and Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, 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 crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Please type or print clearly. Please submit four copies of the form, with original signatures in blue ink on each copy.

Applicant's Full Legal Name		Gender	Date of Birth (e.g., 01/Jan/1999)
Katsumoto KURODA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	15/Feb./1950
Address — Street			
-10-62-313.Minamigaoka,Chikusa-Ku			
City	State/Province	Postal Code	Country
IAGOYA	AICHI	464-0042	JAPAN
Home Phone	Mobile Phone	E-mail	
+81-52-722-5530	+81-90-2186-7408	k-kuroda@sa.starcat.ne.jp	

自動的に表示されます

Medical History

1. How long has the applicant been the patient of the 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	n. Liver disease/hepatitis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Anorexia/bulimia/other eating disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	o. Menstrual disorders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Appendicitis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	p. Mental disorders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Arthritis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	q. Pneumonia	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Asthma	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	r. Rheumatic fever	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Bowel problems	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	s. Serious headache/migraine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Cancer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	t. Stomach ulcer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Diabetes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	u. Typhoid fever	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Epilepsy/seizures	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	v. Urinary tract infection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j. Hearing loss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	w. Vertigo/dizziness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Heart disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	x. Visual problems	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l. Hernia	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	y. Eyeglasses/contact lenses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
m. Malaria	<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 sanatorium 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial 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 or loss recently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. Suffered chest pain, wheezing, shortness of breath, 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 system?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes for any parts of questions 2 and 3, please explain:			
Question (e.g., 2c)	Nature and severity of disorder, diagnosis, frequency of attacks, and treatment	Dates and duration	
h	xx	2006/12-2007/5	
h	xx	2007/1	

主治医になってからの年数を記入

チェックマークは レ点で

自分で記入してはいけません

医師に提出して記入してもらうこと

当ページ及び次ページ

医師に提出して記入してもらうこと

持病のための薬を持参する場合は、必ず記入する

母子手帳、カルテ等で記入してもらう

何歳児に罹患したかを記入する

ポリオは3回の摂取が必要です

3回未満者は摂取が必要です

ツベルクリン反応の結果(必要なときは結核検査診断書(マントウ検査での陽転の場合)を作成)

チェックは レ点で

異常がある場合は別紙にて詳細情報を書いてもらうこと。
正直に記入する。留学後発覚すると途中帰国もありうる。

Applicant Name		Katsumoto KURODA	
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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):

Disease	Year	Disease	Year	Disease	Year	Disease	Year
Measles (rubella)	3	Mumps	5	Hepatitis		Whooping cough (pertussis)	10
Rubella (German measles)	3	Chicken pox	-	Scarlet fever	-	Other:	

6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and 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 (e.g., 01/Jan/2006)	Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)
Diphtheria	10ml	05/Feb/1999	Measles (rubella)		
Whooping cough (pertussis)	5ml		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., 01/Jan/2006) 15/Feb/1999 Result/diagnosis positive . If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results: _____

Physical Examination

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

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

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

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 above and the attached page(s) (if no pages are attached, please check here: ☐).

I find the applicant:

☒ In good health and not suffering from any mental or medical condition(s) that would preclude participation in the program

☐ Suffering from mental or medical condition(s) as noted in my report

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)	Signature (in blue ink)	Date (e.g., 01/Jan/2006)
Jyunichi WATANABE		15-Sep-07

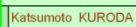
Physician's address, phone, and fax (type or stamp)

1-10-62, minamigaoka, chikusa, nagoya, JAPAN
phone+81-52-722-5530 fax+81-52-722-5530

Katsumoto KURODA

医者の『医院スタンプ』もできるだけ押印する

署名は必ずブルーインク(ボールペン)で！！



Applicant Name	Katsumoto KURODA
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自動的に表示されます

Dental Care Provider: Please use this page for additional comments.

学校に渡して記入してもらうこと



District **2760**

Applicant Name **Katsumoto KURODA**

Long-Term Exchange Program

Secondary School Report and Reference

Student: Complete the top section of this form, then give the form and a preaddressed stamped envelope to a school representative who knows you and your abilities and accomplishments at school. By so doing, you give permission to the school to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name		Gender	Date of Birth (e.g., 01/Jan/1999)
Katsumoto KURODA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	15/Feb/1990
Address — Street			
-10-62-313, Minamigaoka, Chikusa-Ku			
City	State/Province	Postal Code	Country
NAGOYA	AICHI	464-0042	JAPAN
Home Phone	Mobile Phone	E-mail	
+81-52-722-5530	+81-90-2186-7408	k-kuroda@sa.starcat.ne.jp	

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 preaddressed envelope provided. The information you submit will not be revealed to the student, unless required by law.

Please type or print clearly.

1. School and Class Information

Applicant's present grade/year in school (e.g., 9th, 10th): **2th** Number of grades in school: **3**

Number of students in applicant's class: **45**

What is the applicant's approximate class ranking (e.g., 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212nd, 213rd, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 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1757th, 1758th, 1759th, 1760th, 1761st, 1762nd, 1763rd, 1764th, 1765th, 1766th, 1767th, 1768th, 1769th, 1770th, 1771st, 1772nd, 1773rd, 1774th, 1775th, 1776th, 1777th, 1778th, 1779th, 1780th, 1781st, 1782nd, 1783rd

学校に渡して記入してもらうこと

Applicant Name Katsumoto KURODA

4. 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

Please explain your answer:

XX
XX
XX
XX

5. Do you believe the applicant's parents/legal guardians support his/her wish to spend time abroad? ☒ Yes ☐ No

RECOMMENDATION

I recommend this student as a future Rotary Youth Exchange student (*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 (e.g., 01/Jan/2006)	
Shinzo ABE Principal				15/oct/2007	
Name of School			Address — Street		
Kurodaxxx Aichi-Prefectural High-School			1-xxxx-xxxx-xxxx-xxxx		
City		State/Province		Postal Code	
Nagoya		Aichi		445-xxxx	
Phone		Fax		E-mail	
+81-52-xxx-xxxx		+81-52-xxx-xxxx		koukou@high-school.ne.jp	

Additional comments on applicant's suitability as an exchange student and cultural ambassador:

XXXXXXXXXXXX

~~Katsumoto~~ KURODA

**署名は必ず ブルーインク
(ボールペン)で！！**

封印し、青少年交換委員会に持参する
開封は認めない

District **2760**Applicant Name **Katsumoto KURODA****Long-Term Exchange Program****Guarantee Form**

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)				Gender	
Katsumoto KURODA				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
Home Address — Street		City	State/Prov.	Postal Code	Country
-10-62-313, Minamigaoka, Chikusa-Ku		NAGOYA	AICHI	464-0042	JAPAN
Postal Address (if different) — Street		City	State/Prov.	Postal Code	Country
Home Phone		Mobile Phone	E-mail		
+81-52-722-5530		+81-90-2186-7408	k-kuroda@sa.starcad.ne.jp		
Date of Birth (e.g., 01/Jan/1999)		Place of Birth (City, State/Province, Country)		Citizen of (Country)	
5/Feb./1950		Hekinan, Aichi, JAPAN		JAPAN	
Sponsor Rotary District		Host Rotary District	Host Country	Arrival Airport in Host Country	
2760		1920	France	Paris-International Airport	

自動的に表示されます

署名は必ず

ブルーインク(ボールペン)で！！

(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 hosts; (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 GUARANTEE We, the parents/legal guardians of the above named applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident insurance; (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 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 PARENTS/GUARDIANS hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school.

本人
父親／保護者
母親／保護者のサイン 及び 連絡先
スポンサーRCの会長サイン 及び 連絡先

ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY

Name	Mic KURODA		Relationship	Grandfather
Address — Street	1-19, XXXXX, XXXXXXX			
City	State/Prov.	Postal Code	Country	
Nagoya	Aichi	44x-xxxx	JAPAN	
Home Phone	Business Phone	Mobile Phone	E-mail	
+81-52-xxx-xxxx	+81-566-xx-xxxx	+81-90-xxxx-xxxx	xxxx@xxxxxx.ne.jp	

緊急連絡先: 両親以外の親族が望ましい

例: 祖父、祖母、叔父等

(C) SENDING CLUB AND DISTRICT ENDORSEMENT

The Rotary Club of Takahama and District 2760 having interviewed the applicant and his/her parents/legal guardians and reviewed the student's application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs the acceptance of this student. District 2760 agrees to provide adequate orientation to the student and parents before the student's departure.

Club Secretary <input checked="" type="checkbox"/> / YEO <input type="checkbox"/> Name	Signature		Name of Club	Club ID #	District #
Kouichi XXXXXXXX			TAKAHAMA	xxxx	2760
Date (e.g., 01/Jan/2006)	Home Phone	E-mail	Club President Name	Signature	
xx/nov./2007	+81-xxx-xxx-xxx	xxxx@xxxxx.co.jp	Seiichi TASHIRO	スポンサーRC会長サイン	
			Date (e.g., 01/Jan/2006)	Home Phone	E-mail
			xx/nov./2007	+81-xx-xxx-xxxx	xxxxxxxxxx@xxxxxxxxx.ne.jp
			District Chair Name	Signature	
			Date (e.g., 01/Jan/2006)	Home Phone	E-mail
			xx/nov./2007	+81-xx-xxx-xxxx	xxxxxxxxxx@xxxxxxxxx.ne.jp

スポンサークラブ及び会長情報

クラブ幹事または新世代奉仕委員長情報

地区青少年交換委員長情報

Applicant Name

Katsumoto KURODA

(D) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club of _____		Name of Club		Club ID #	District #
will provide room and board in approved homes, provide up to one year of study at the secondary school level, 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 club will also give the applicant a monthly allowance in the amount of US\$ _____. District _____ agrees to ensure adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.					
Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name		Signature		District Chair Name	
Date (e.g., 01/Jan/2006)		Home Phone		E-mail	
Date (e.g., 01/Jan/2006)		Home Phone		E-mail	

(E) HOST CLUB COUNSELOR (required)

Name		Address — Street	
City	State/Province	Postal Code	Country
Home Phone	Mobile Phone	Fax	E-mail

(F) SCHOOLING GUARANTEE

(To be completed by the school the applicant will attend in host country) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant or his/her parents/guardians.		Name of School		Date School Starts
Affix School's Stamp or Official Seal		City		State/Province
		Postal Code		Country
		Phone	Fax	E-mail
Name of School Official	Title/Position	Signature	Date (e.g., 01/Jan/2006)	

(G) FIRST HOST FAMILY (required)

Name of Host Father		Name of Host Mother		Name(s) and Ages of Other Adult(s) in Home	
Address — Street					
City	State/Province	Postal Code	Country		
Home Phone	Mobile Phone	Fax	E-mail		

Student: Please submit this form with the rest of the completed application to your local Rotary club or district. Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

Rotary district/clubs: Please mail completed Guarantee Form to the address below.

Youth Exchange
Rotary International
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA

受入地区、クラブの情報
留学先の情報

記入しない！！

派遣先国で記入



District 2760

Applicant Name Katsumoto KURODA

Long-Term Exchange Program

Rules and Conditions of Exchange

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. 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 are not allowed to possess or use illegal drugs. Medicine prescribed to you by a physician is allowed.
- 3) 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.
- 4) You may not operate a motorized vehicle or participate in driver education programs.
- 5) 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.
- 6) You must attend school regularly and make an honest attempt to succeed.
- 7) You must have travel insurance that provides medical and dental 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 sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 8) You should 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 your parents or legal guardians at the end of your exchange.
- 9) 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.
- 10) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 11) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 12) You should communicate with your first host family 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.
- 13) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits 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.
- 14) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

交換の規則と条件

熟読すること！

違反した場合、
早期帰国の対象！！

Recommendations for a Successful Exchange

- 1) 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.
- 2) Body piercing or obtaining a tattoo while on your exchange is not allowed, for health reasons.
- 3) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 4) Learn the language of your host country. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
- 5) Attend Rotary-sponsored events and host family events, and show an interest in these activities. Volunteer to be involved, do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 6) Avoid serious romantic activity. Abstain from sexual activity.
- 7) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join it.
- 8) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 9) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 10) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 11) 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 Name

Katsumoto KURODA

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 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.

I attest 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 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 pages 'Medical Information 1-4,' 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 insurance for any medical treatment rendered.

Applicant (print name)	Signature
Katsumoto KURODA	本人
Mother/Legal Guardian (print name)	Signature
Michiko KURODA	母親／保護者
Father/Legal Guardian (print name)	Signature
Masashi KURODA	父親／保護者のサイン
Witnessed in the presence of Sponsor Club Representative (print name)	Signature
Seichi TASHIRO	スポンサーRCの会長のサイン
Dated this _____ Day of _____ Month, _____ Year.	

Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by the Rotary International Board of Directors, November 2002

署名は必ず

ブルーインク(ボールペン)で！！

District 2760

Applicant Name

Katsumoto KURODA

Long-Term Exchange Program**Application Checklist**

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must have original signatures signed in BLUE ink; all photographs must be originals or good-quality color photocopies.

	Set 1	Set 2	Set 3	Set 4
Personal Information pages completed with photo attached	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Letters completed and Photos (4) attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical History and Examination completed and signed by physician	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental Examination completed and signed by dentist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Guarantee Form signed by student and parents/legal guardians	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declaration and Permission for Medical Care and Release of Medical Records and Liability signed by student and parents/guardians	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of school transcript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of passport/birth certificate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- ☒ *Secondary School Report and Reference* form and preaddressed stamped envelope **given to your principal/teacher** (do not submit this form with your application)

チェックシート

1. 写真はすべて『笑顔』のものが添付されているか
2. サイン(署名)はすべて『ブルーインク』でされているか
3. 英文＝4部、邦文＝2部 が作られているか
そのそれぞれに学校の成績証が添付されているか
4. パスポートまたは戸籍謄本のコピーがあるか

等の確認用としてください