



District _____

Applicant Name _____

Long-Term Exchange Program Guarantee Form

ブルーインク

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAVORITE name)				Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address — Street		City	State/Prov.	Postal Code	Country
Postal Address (if _____)					
Home Phone _____					
Date of Birth (e.g., 01/Jan/1999)		Place of Birth (City, State/Province, Country)		Citizen of (Country)	
Sponsor Rotary District		Host Rotary District	Host Country	Arrival Airport in Host Country	

候補学生の自分の情報
(第1ページからコピーされる)

(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 host; (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.

Signed (Applicant)	Date (e.g., 01/Jan/2006)
Signed (Father/Guardian)	Date (e.g., 01/Jan/2006)
Signed (Mother/Guardian)	Date (e.g., 01/Jan/2006)
Witness (Sponsor Rotary club representative)	Date (e.g., 01/Jan/2006) Home Phone _____ E-mail _____

本人、保護者、
ロータリークラブの会長
の情報を記入（入力）

ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY

Name	Relationship
Address — Street	
City	
Home Phone	

緊急連絡先（保護者以外で連絡取れる人：
叔父、叔母等が好ましい）

(C) SENDING CLUB AND DISTRICT ENDORSEMENT

The Rotary Club of _____ and District _____		Name of Club	Club ID #	District #
Having interviewed the applicant and his/her parents/legal guardians and reviewed _____, I am qualified for _____		Club President	Signature	
Date (e.g., 01/Jan/2006)		Home Phone	E-mail	
Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name	Signature	District	Signature	
Date (e.g., 01/Jan/2006)	Home Phone	E-mail	Date (e.g., 01/Jan/2006)	

派遣学生のスポンサークラブ
(日本側ロータリー)の
情報を入力

クラブ会長

クラブ幹事

地区
青少年交換委員長

Applicant Name	
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(D) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club of _____ 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.	Name of Club		Club ID #	District #
	Club President Name		Signature	
	Date (e.g., 01/Jan/2006)		Home Phone	
	E-mail			
	Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name	Signature	District Chair Name	Signature

派遣学生用には記入しない

来日学生の地区委員会が

作成記入してくるので、

この部分は白紙

Date (e.g., 01/Jan/2006)	
E-mail	
(E) HOST	
Name	
City	
Home Phone	

(F) SCHOOL

(To be completed by the applicant or his/her parents/guardians) 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.			
Address — Street			
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