



The Rotary Foundation Group Study Exchange Team Member Application

Before completing this application, please read the *Group Study Exchange Brochure* (160-EN). This publication offers a general overview and the mission statement of the Group Study Exchange program. Candidates should be fully aware of the program's eligibility criteria and objectives before applying.

Please print or type. Do not use initials.

Name in full (as it appears on your passport)

FIRST (GIVEN) MIDDLE LAST (FAMILY)

Male Female Date of Birth DAY MONTH YEAR

Mailing Address NUMBER AND STREET

CITY/TOWN STATE/PROVINCE

POSTAL CODE COUNTRY

HOME TELEPHONE OFFICE TELEPHONE

FAX E-MAIL

Country of Citizenship _____ Country of Birth _____

Person to notify in case of emergency _____ RELATIONSHIP _____

NAME TELEPHONE

ADDRESS

FAX E-MAIL

Marital Status _____ (for host district use)

Children: How many _____ Names and ages _____

EMPLOYMENT RECORD: List current employment first (must be full-time)

1. NAME AND ADDRESS OF EMPLOYER 2. NAME AND ADDRESS OF EMPLOYER 3. NAME AND ADDRESS OF EMPLOYER

PERIOD OF EMPLOYMENT

PERIOD OF EMPLOYMENT

PERIOD OF EMPLOYMENT

TITLE/DUTIES AND RESPONSIBILITIES

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TEAM MEMBER APPLICANT'S CERTIFICATION

To be a candidate for a Group Study Exchange (GSE) team, you must currently be employed full-time in any recognized business or profession and must have worked in your vocational field for at least two years by the time of application. You must also plan to remain in the workforce for a considerable amount of time after the exchange, so that the travel experience will have a significant impact on your professional career. You must be between the ages of 25 and 40 at the time of application and a citizen of the country in which you reside. You must either be employed or reside in the sending district.

If I am selected to be a member of the district GSE team, I agree to the following **Conditions of Award**. I will:

Predeparture

- Obtain and pay for insurance valid and payable in the country(ies) visited. The insurance coverage must extend from the time the team departs for the host district through the time it returns home. Foundation regulations require a **minimum of**: US\$50,000 for medical care and/or hospitalization resulting from injury or accident; \$10,000 for emergency medical evacuation; and \$7,500 for repatriation of remains. Please note that higher amounts are recommended, as well as insurance coverage for luggage and personal items.
- Complete, sign, and return to the district GSE chair the official CERTIFICATION OF INSURANCE COVERAGE (included in the *Group Study Exchange Team Handbook [164-EN]*), noting the name of the insurance company and the comprehensive dates for which the insurance coverage is valid. The insured should read and thoroughly understand insurance policies of this type, especially regarding any exclusions that may exist (e.g., most insurance policies will not cover death or injury occurring in a privately owned aircraft).
- Have a medical examination and submit to the district GSE chair the official MEDICAL CERTIFICATE (included in the *Group Study Exchange Team Handbook [164-EN]*), completed and signed by the examining physician(s).
- Actively participate in a language and cultural training program if language differences exist between the paired districts.
- Participate in 12 hours of orientation.

During exchange

- Accept the decisions of the team leader at all times.
- Remain with the group throughout the study program, except during those periods when individual activities are specifically provided, unless excused by the team leader. Inform the team leader of my whereabouts at all times.
- Maintain standards of behavior and deportment during my travels with the study team that will reflect credit on Rotary, my district, and my country.
- Have sufficient funds to meet my personal and incidental expenses while abroad.

Post-exchange

- Participate in a post-exchange debriefing.
- Within two months of my return home, submit a GSE Final Report (included in the *Group Study Exchange Team Handbook [164-EN]*) of my study tour experiences and a copy of the GSE Evaluation Form to the GSE chair.
- Consider Rotary or Rotaract membership, if invited.
- Take every opportunity after my return home to share what I have learned through informal contacts and by addressing Rotary clubs and other appropriate organizations.

I hereby release and discharge Rotary International and The Rotary Foundation of Rotary International, and their respective successors, officers, directors, agents, and employees from any and all claims, damages, liabilities, or expenses which I or my successors, dependents, beneficiaries, heirs, executors, administrators, or assigns may or hereafter have against any or all of such parties on account of or in connection with The Rotary Foundation Group Study Exchange or my participation therein. I agree that I shall indemnify and hold harmless Rotary International and The Rotary Foundation of Rotary International and their respective successors, officers, directors, agents, and employees, against any and all claims, damages, liabilities, or expenses which any such party may incur on account of or in connection with my participation in The Rotary Foundation Group Study Exchange. The foregoing release and indemnity shall continue to apply to each officer, director, agent, or employee even though such individuals may cease to serve in such capacities and shall inure to the benefit of the legal representatives, successors, and assigns of such individuals. The foregoing release and indemnity shall not apply to the cost of my transportation to and from the receiving district. I agree that I will abide by all Foundation decisions related to travel safety. If the Foundation determines, in its sole discretion, at any point in the Group Study Exchange (GSE) process that my safety as a GSE participant in the host country is or could be at risk, the Foundation may require that the GSE itinerary be modified, cancelled, or indefinitely postponed. If already in the host country, my GSE team may be asked to return home immediately. In such instances, I agree to abide by the Foundation's decision as to what, if any, alternatives are available to GSE teams whose trips have been modified, cancelled, or postponed due to safety concerns.

I freely accept the conditions outlined above, understanding that:

- I will reimburse The Rotary Foundation the cost of round-trip airfare if my standard of behavior warrants dismissal from the team.
- The GSE subcommittee or selection committee has the final authority to select team members. Team members or alternates may be disqualified at any time, if deemed appropriate.

- The award from The Rotary Foundation provides only for payment of transportation at a rate not to exceed round-trip economy airfare from point of departure in the sending district to point of entry in the receiving district. Accommodations and travel in the district will be provided by local Rotarians during the study tour.
- I certify that I am not: 1) a Rotarian; 2) an employee of a club, district or other Rotary entity, or of Rotary International; 3) the spouse, a lineal descendant (child or grandchild by blood and any legally adopted child), the spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any person in the foregoing two categories, or the spouse of another team member on the same team.
- To promote understanding and goodwill, when appearing in my own country as a member of a Rotary Foundation GSE team, I will recognize the right of each person to his/her own opinions and will therefore be cautious about expressing my own personal opinions concerning any controversial, political, racial, or religious issue.
- The Rotary Foundation will share my name and contact details with other GSE teams and Foundation alumni groups upon request. Unless I indicate otherwise in writing, by submission of the photos in connection with my final report, I hereby give publication rights to RI and TRF for promotional purposes to further the Object of Rotary, including but not limited to, RI and TRF publications, advertisements and Web sites. I also authorize RI and TRF to share photos from my final report with Rotary Entities for promotional purposes to further the Object of Rotary. I do not authorize RI, TRF or any other entity to use these photos for any commercial purpose.

Name _____
 (PLEASE PRINT)

Signature _____ Date _____
 (MANDATORY)

TEAM MEMBER'S ESSAY OF INTENT

A unique feature of the GSE program is to provide outstanding business and professional people opportunities for studying their profession in another country. **Eligibility as a team member requires that you intend to remain in the workforce for a considerable time in the foreseeable future so that the exchange experience can impact your long-term career path.** Please tell us what you hope to gain professionally by participation in the program and how you intend to use the GSE experience to enhance your long-term career path. Please attach your response on an additional page.

VOCATIONAL CLASSIFICATIONS

Please check the vocational classification below that is closest to your current profession.

Management/Administration	Public Service	Legal	Education
<input type="checkbox"/> Executive	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Attorney	<input type="checkbox"/> University Professor
<input type="checkbox"/> Director	<input type="checkbox"/> Probation Officer	<input type="checkbox"/> Judge	<input type="checkbox"/> Lecturer
<input type="checkbox"/> Manager	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Clerk	<input type="checkbox"/> Secondary Teacher
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Postal Worker	<input type="checkbox"/> Paralegal	<input type="checkbox"/> Elementary Teacher
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Public Information Officer		<input type="checkbox"/> Kindergarten Teacher
<input type="checkbox"/> Coordinator	<input type="checkbox"/> Social Worker		<input type="checkbox"/> Day Care
<input type="checkbox"/> Customer Service Representative	<input type="checkbox"/> Crime Victims Advocate		<input type="checkbox"/> Counselor
<input type="checkbox"/> Secretary	<input type="checkbox"/> Military		<input type="checkbox"/> Language Instructor
<input type="checkbox"/> Administrator	<input type="checkbox"/> Government		<input type="checkbox"/> Administrator
<input type="checkbox"/> Adviser			<input type="checkbox"/> Researcher
<input type="checkbox"/> Trainer			
<input type="checkbox"/> Minister/Priest			
Medical/Health	Engineering/Science	Advertising/Marketing/	Media/The Arts
<input type="checkbox"/> Physician	<input type="checkbox"/> Construction Engineer	Public Relations/Sales	<input type="checkbox"/> Journalist
<input type="checkbox"/> Dentist	<input type="checkbox"/> Civil Engineer	<input type="checkbox"/> Representative	<input type="checkbox"/> Editor
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Electrical Engineer	<input type="checkbox"/> Administrator	<input type="checkbox"/> Publisher
<input type="checkbox"/> Nurse	<input type="checkbox"/> Mechanical Engineer	<input type="checkbox"/> Graphic Artist	<input type="checkbox"/> Media Announcer
<input type="checkbox"/> Therapist	<input type="checkbox"/> Computer Engineer	<input type="checkbox"/> Product Specialist	<input type="checkbox"/> Media Reporter
<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Environmental Engineer	<input type="checkbox"/> Salesperson	<input type="checkbox"/> Musician
<input type="checkbox"/> Hygienist	<input type="checkbox"/> Architect	Finance	<input type="checkbox"/> Artist
<input type="checkbox"/> Occupational Health & Safety Officer	<input type="checkbox"/> Builder	<input type="checkbox"/> Banker	<input type="checkbox"/> Craftsman
<input type="checkbox"/> Administrator	<input type="checkbox"/> Scientist	<input type="checkbox"/> Analyst	
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Computer Programmer	<input type="checkbox"/> Auditor	
<input type="checkbox"/> Specialist	<input type="checkbox"/> Software Developer	<input type="checkbox"/> Cashier	
	<input type="checkbox"/> Pilot	Self-Employed	
	<input type="checkbox"/> Navigator	<input type="checkbox"/> Consultant	
		<input type="checkbox"/> Owner/Proprietor	
		<input type="checkbox"/> Farmer	

TEAM MEMBER APPLICANT'S EDUCATIONAL DATA (ACADEMIC, TECHNICAL, PROFESSIONAL)

1. NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREES OBTAINED AND DATES RECEIVED
2. NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREES OBTAINED AND DATES RECEIVED
3. NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREES OBTAINED AND DATES RECEIVED

Languages: List languages (other than your own) in which you are proficient in reading, writing, and speaking:

Indicate special recognition you have received, including scholarships, honors, awards, and prizes. **List, but do not attach, articles, pamphlets, or books that you have published.**

List educational, fraternal, civic, professional, and other organizations of which you are, or have been, a member. Indicate offices held, if any:

USE ADDITIONAL SHEETS IF NECESSARY

ROTARY CLUB ENDORSEMENT

After consideration of _____ applicants, the **Rotary Club of** _____
MANDATORY

proposes _____ for membership on the district Group Study Exchange team and forwards his/her application for consideration by the district Group Study Exchange subcommittee.

NAME OF CLUB PRESIDENT (PLEASE PRINT)

SIGNATURE OF CLUB PRESIDENT (MANDATORY)

DATE

DISTRICT ENDORSEMENT

District _____

_____ has been selected to be a member of our district's Group Study Exchange team. The Group Study Exchange selection committee was composed according to Foundation Trustee policy.

NAME OF DISTRICT ROTARY FOUNDATION CHAIR (PLEASE PRINT)

SIGNATURE OF DISTRICT ROTARY FOUNDATION CHAIR (MANDATORY)

DATE

NAME OF DISTRICT GSE CHAIR (PLEASE PRINT)

SIGNATURE OF DISTRICT GSE CHAIR (MANDATORY)

DATE

NAME OF DISTRICT GOVERNOR (PLEASE PRINT)

SIGNATURE OF DISTRICT GOVERNOR (MANDATORY)

DATE

The district GSE chair should fax or mail this completed application along with all team member applications and insurance and medical certificates to The Rotary Foundation, Group Study Exchange Department, One Rotary Center, 1560 Sherman Avenue, Evanston, IL 60201-3698 USA. Fax: 847-866-0934.



The Rotary Foundation
of Rotary International
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