Sponsor District: 2660

Rotary Youth Exchange

Long-Term Exchange Program

APPLICATION

Section A: Personal Information

Before you begin your application, be sure to read *all instructions on the prior page.*

1. Applicant Information

Full Legal Name as on passport or birth certificate *(use uppercase for your FAMILY name; e.g. John David SMITH)*			Name You Wish to be Called		☒ Male ☐ Female ☐ Non-Binary
Jiro YAMADA			Taro		
Home Address – Street	City		State/Province	Postal Code	Country
1-2-3 Azuchi-machi, Chuo-ku	Osaka		Osaka	542-0051	Japan
Postal Address *(if different)* - Street	City		State/Province	Postal Code	Country
E-mail Address	Skype ID	Home Phone Number		Mobile Phone Number	
taro.yamada@ gmail.com		+81-6-6264-2660		+81-90-1111-1111	
Place of Birth *(City, State/Province, Country)*		Citizen of *(Country)*		Date of Birth *(YYYY-MM-DD)*	
Higashiosaka-city/Osaka/JAPAN		JAPAN		2006-11-08	

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1			Full Name of Parent/Legal Guardian #2		
Ichiro YAMADA			Hanako YAMADA		
Rotarian? ☒ Yes ☐ No	If yes, name of Rotary Club		Rotarian? ☐ Yes ☒ No	If yes, name of Rotary Club	
	Rotary Club of Osaka				
Address – Street	City		Address – Street	City	
1-2-3 Aduchi-machi, Chuo-ku	Osaka		1-2-3 Aduchi-machi, Chuo-ku	Osaka	
State/Province	Postal Code	Country	State/Province	Postal Code	Country
Osaka	542-0051	Japan	Osaka	542-0051	Japan
Email-Address			Email-Address		
ichiro.yamada@ email.com			hanako.yamada@ email.com		
Occupation			Occupation		
Accountant			Office worker		
Home Phone Number	Mobile Phone Number		Home Phone Number	Mobile Phone Number	
+81-6-6264-2660	+81-90-2222-2222		+81-6-6264-2660	+81-90-3333-3333	
Business Phone Number	Skype ID		Business Phone Number	Skype ID	
+81-6-8888-8888			+81-9999-9999		

In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)?
☐ Parent/Legal Guardian #1 ☒ Parent/Legal Guardian #2

☐ Mark this box if your parents are divorced or separated.
Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange

Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

3. Sponsor District and Rotary Club

Sponsor District Number	Name of Sponsor District Youth Exchange Chair	E-mail Address
2660	Hideo HISAMATSU	hisamatsu@ df-sgs.co.jp
Sponsor Rotary Club	**Name of Sponsor Club Youth Exchange Officer**	**E-mail Address**
Osaka	Jun Matsumoto	jun. matsumoto@gmail. com

4. Personal Background

Religion (Identify by name or "None")	Dietary Restrictions *(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to…)*
None	None
Do you smoke or use tobacco products? ☐ Yes ☒ No	If yes, please explain.
Do you drink alcohol? ☐ Yes ☒ No	If yes, please explain.
Have you ever used illegal drugs? ☐ Yes ☒ No	If yes, please explain.
Do you have a steady boy/girlfriend? ☐ Yes ☒ No	If yes, how will being abroad impact your relationship and how might the relationship impact your exchange experience?
Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.	

5. All Siblings (plus any other family members living in your home)

Relationship examples: "brother" "step-sister" "grandmother" "step-father" "foster brother" "niece" "cousin" etc.

Name	Relationship	Age	Occupation or School Grade/Level	Living in your Home?
Miyuki	sister	21	College Student/Grade3	☐ Yes ☒ No
Taro	brother	17	High school student/Grade3	☒ Yes ☐ No
Kanon	sister	5	preschool student	☒ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange

Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

6. Languages

Your Native Language(s): Japanese		Proficiency in Non-Native Language(s) *(indicate Poor, Fair, Good, or Fluent)*		
Non-Native Language(s) *If you have received a foreign language certificate (e.g. DELF, DELE etc.), please use Section H-2 to provide a copy with this application.*	**Years Studied**	**Speaking**	**Reading**	**Writing**
English	5	Fair	Good	Fair
Korian	1	Poor	Fair	Fair

7. Exchanges

Have you previously participated in any exchange? ☐ No ☒ Yes *if yes, please explain in your student letter*	

8. Secondary School Information

Name of Secondary School You Currently Attend		School Phone Number		School Fax Number	
Meifu Gakuen High School		+81-6-6771-5757		+81-6-6772-3882	
Address – Street	**City**	**State/Province**	**Postal Code**	**Country**	
12-16 Ishigatsuji-cho, Tennoji-ku,	Osaka	Osaka	543-0031	Japan	
Maximum grade level in secondary schools	**Your current grade level *(e.g., 10th, 11th)***	**Month and year you expect to graduate**		**No. of years you've attended this school**	
3	2nd	March,2026		1 year	
List the courses you are currently taking					
Regular course					
Consult with a school official or guidance counselor to find out the following information:					
Total number of students at your school	**Number of students in your grade level**	**Your approx. class ranking *(e.g., top 10%, 12th of 56)***			
650	220	Top5%			
Name and title of school official or counselor that you consulted		**E-mail address of school official or counselor**			
Mai Kinoshita, Homeroom teacher		mai.kinoshita@ gmail.com			
In Section H-2, add a transcript, in English, of all secondary school courses completed with grades you received. Also include your most recent grade report from the current year.					

9. Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

Name			Relationship		
Yoshiko YAMADA			Grandmother		
Home Address – Street	**City**	**State/Province**	**Postal Code**	**Country**	
1-1-1 Tsukamoto, Yodogawa-ku	Osaka	Osaka	532-0026	JAPAN	
E-mail Address	**Home Phone Number**	**Business Phone Number**	**Mobile Phone Number**		
yoshiko.yamada@ gmail.com	+81-6-1111-2222		+81-90-2222-3333		

Sponsor District: 2660 **Applicant Name:** Jiro YAMADA

Rotary Youth Exchange – Long Term Exchange Program

Section B: Letters & Photos

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 in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses). Do not copy the questions. Please use these questions as a suggested guide for topics to include in your letter.

How to create your letter:

I. Enter your letter on the following "Student's Letter" pages by keying in your text or using "copy and paste". Maximum length: 3 pages.
II. Use clear sentences that can be easily understood by your future hosts. Even if they understand English well, you should avoid abbreviations, idioms, contractions, slang and local jargon. If you include local names (company, store, town) you may need to provide additional information.

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 parents? *(What product or service does each make or perform? What is their 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? Tell us about your experience(s) abroad, if any:
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? What would you like to improve about yourself?
11. What are your plans and ambitions for your educations and career? Why?
12. If you have previously been on any exchange write about your experiences, the host country you went to and the length of your exchange.
13. 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 answers to the following questions. Do not copy the questions, themselves.

How to create your letter:

I. Enter your letter on the following "Parent's Letter" pages by keying in your text or using "copy and paste". Maximum length: 2 pages.
II. Use clear sentences that can be easily understood by non-native English readers. Even if they understand English well, you should avoid idioms, abbreviations, contractions, slang and local jargon. If you include local names (company, store, town) you may need to include other information.

1. How would you describe 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?

Dear Host RC and host family,

I'm Jiro YAMADA, and I live in Osaka, Japan. I live in a small house in the city with my parents, my brother and two cats. Osaka is a large city with a population of 8.8 million people, but the town where I live is very quiet.
Osaka is well known for its food. In the old saying, it is said that Kyoto people are financially ruined by overspending on clothing, Osaka people are ruined by spending on food. My favorite food is TAKOYAKI. Takoyaki is a snack made by putting octopus and condiments in flour dough and baking it in a ball shape. I want to cook it for my host family during my stay.

I am a junior in high school, and I take seven classes. I like my history classes and my English classes, but math is quite hard for me. I take band and jazz, but it starts super early in the morning which is annoying sometimes especially in winter. I wake up at 6 o'clock and take the 40-minute train to school. After school, they participate in club activities, and then go to a cram school and study there. Some days I don't get home until around 9 o'clock.
Outside of school I like hanging out with friends, listening music, and playing guitar. I've played classic guitar since age four but my favorite genre is R& B and rock. Also, lately I've become very interested in the outdoors, and I go camping in many places with my family and friends. When I go to your country, I would like to experience camping in the nearby forest or lakeside.

My father is an accountant and my mother works at a company. My father runs his own accounting firm. My mother works as a sales representative for a food manufacturer. Although they are very busy, we always talk about various things as a family after dinner.
My sister is in university and doesn't live at home, but we are really close. My brother is a senior in high school. We fight about food mostly, which annoys my parents. My little sister is so cute.
Our family travels once or twice a year. This year we went to Taiwan. The food in Taiwan is delicious and the people are very kind.

I am a social and outgoing person and I like meeting new people, but I also like my time alone. I help with a lot of things around the house and I love learning new things. Sometimes I can be forgetful and lazy.

I want to get pushed out of my comfort zone, even it's hard. As an exchange student, I really want to explore the city I'm in, learn about the culture, and I'll work really hard to learn the language. I also want to meet a lot of people and make friends. In the future I want to be a diplomat, so this is a good experience for me to prepare for this.
I am so looking forward to seeing you.

Thank you so much for hosting me.

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange

Rotary Youth Exchange - Long Term Exchange Program

Section B: Student's Letter

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- - OPTIONAL PAGE 2 OF LETTER - -

(Delete this text and all lines above if this page is needed)

Excess entry will cause text to become smaller. ***If text starts shrinking, please stop entry and continue on the next page.*** *(Clear text on next page first, then continue your letter.)*

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- - OPTIONAL PAGE 3 OF LETTER - -

(Delete this text and all lines above if this page is needed)

Excess entry will cause text to become smaller. ***If text starts shrinking, please stop and edit to make letter shorter.*** *(Note copy/paste should use only plain text for maximun entry.)*

Dear Host RC and Family,

I am Hanako YAMADA, Jiro's mother. It's my great pleasure to have an opportunity to introduce my son to you in this letter. We have always prioritized international and intercultural connctions in our family. Jiro is more than ready to explore a new culture on his own and we are very proud of his decision to become a Rotary Youth Exchange Student.

We are a very close-knit family. It is my husband and I, and four kids.
Jiro's older sister is in college in Tokyo, but the four children still keep in close contact and get along very well. They support each other in their respective activities, and have strong mutual admiration and respect.
Jiro grew up studying classical guitar since age 4. He continues today, and music is a big part of his life.

Jiro has a great group of friends and is well regarded as a likable and easy-going person. He is lively in social situations and is kind and thoughtful to his friends and classmates. He is open to friendships from all genders and is non-judgemental. While he enjoys attending parties and large social events, he values a few close friends and relies on their authentic relationships.

If he has any complaints about the discipline, he tells us about it. Then he explains his thoughts on the matter so we can understand how he feels. Even if he doesn't get his wish, he will respect the discussion.
My son is moderately assertive- that in most cases he can deal with disagreements in a decent way He is very good at explaining his opinion logically, which sometimes clarifies misunderstandings.
Also, he understands it is usually better to come to a reasonable compromise in real life. His character would be nealy ideal if he learned a way to handle unavoidable frustration.

He is optimistic about everything. With that he sill work hard with a positive mindset.
We believe that he understands what he should do.

Jiro has his own room and smart phone, but is not permitted to use his phone at his own room. He has to put his phone at living room when he goes to his own room.
He likes cooking but he is not good at cleaning his room. My son seems much more mentally mature than typical boys his age. When he was young, I strictly regulated his lifestyle; the way she uses his money, for example, but now I encourage him to make decisions for himself. Recently she took a long distance overnight bus to visit Tokyo Disneyland with a few friends of his. Both started as a proposal from him and I allowed him to do them.

We love his smile. He always has a smile on his face, so we feel happy when he is. We are proud of his cheerful personality. He is very honest and kind to everyone. He always thinks about family members, not only us but also his grandparents. He has long talks with them by phone.

First of all, because he wanted to be an exchange student. We would like to support what he wants to do. And we want him to know the wide world. We think he has grown enough mentally to do that.
We understand that customs are different in every culture. We'd like to make his experience a country we don't know and become more conscious of his own cultural identity.

I really appreciate your kindness in becoming host families for him. I hope the days with him will be interesting, exciting and productive for everyone. Thank you so much.

Excess entry will cause text to become smaller. ***If text starts shrinking, please stop and edit to make letter shorter.*** *(Note copy/paste should use only plain text for maximun entry.)*

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange

Rotary Youth Exchange - Long Term Exchange Program

Student's Photos

Section B: Photos

Select a good quality color photograph for each topic below, and digitally insert each photo to this page. Include brief captions to describe the photos and remember you are leaving a FIRST IMPRESSION! **(Digital insertion of photos works best with ADOBE ACROBAT or ADOBE READER)**

MY FAMILY	MY SPECIAL INTEREST
	
This is a photo taken at my sister's coming-of-age ceremony.	I've recently become interested in camping.
SOMETHING IMPORTANT TO ME	**MY HOME**
	
I have two cats. Both cats are rescue cats.	My house is located in a quiet residential area.

Sponsor District: 2660 **Applicant Name:** Jiro YAMADA

Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & 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.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate *(use uppercase for FAMILY name; e.g. John David SMITH)*		Date of Birth (YYYY-MM-DD)		☒ Male ☐ Female ☐ Non-Binary
Jiro YAMADA		2006-11-08		
Home Address – Street	**City**	**State/Province**	**Postal Code**	**Country**
1-2-3 Azuchi-machi, Chuo-ku	Osaka	Osaka	542-0051	Japan
E-mail Address	**Home Phone Number**	**Mobile Phone Number**		
taro.yamada@gmail.com	+81-6-6264-2660	+81-90-1111-1111		

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:

	Yes	No		Yes	No
a. Allergies	☒	☐	n. Liver disease/hepatitis	☐	☒
b. **Anorexia/bulimia/other eating disorder***	☐	☒	o. Malaria	☐	☒
c. Appendicitis	☐	☒	p. Menstrual disorders	☐	☒
d. Arthritis	☐	☒	**q. Mental disorders***	☐	☒
e. Asthma	☐	☒	r. Pneumonia	☐	☒
f. Attention deficit disorder*	☐	☒	s. Rheumatic fever	☐	☒
g. Bowel problems	☐	☒	t. Serious headache/migraine	☐	☒
h. Cancer	☐	☒	u. Stomach ulcer	☐	☒
i. Diabetes	☐	☒	v. Typhoid fever	☐	☒
j. Epilepsy/seizures	☐	☒	w. Urinary tract infection	☐	☒
k. Hearing loss	☐	☒	x. Vertigo/dizziness	☐	☒
l. Heart disease	☐	☒	y. Visual correction – eyeglasses/contact lenses	☒	☐
m. Hernia	☐	☒	z. Visual problems – other	☐	☒

3. Has the applicant:	**Yes**	**No**
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?	☐	☒
b. Taken any prescribed medication in the past six months?	☐	☒
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?	☐	☒
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	☐	☒
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?	☐	☒
f. Had excessive weight gain or loss recently?	☐	☒
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	☐	☒
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	☐	☒
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	☐	☒
j. Suffered weakness of neurological or muscular skeletal system?	☐	☒
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice): (none)	☐	☒

If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):
Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician

Question (e.g., 2e)	**Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment**	**Dates and duration**
2a	pollinosis, mild, antiallergic agent	
2y	eyeglasses/contact lenses	

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

7. 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

Physical Examination

Examination Date:	Height: (cm)	Weight: (kg)	Blood Pressure: (mmHg)	Pulse: (rate/minute)
2023-12-22	165.5	55	Systolic 105 Diastolic 59	57

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

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck	☐	☒	Heart (murmur, rhythm)	☐	☒	Extremities (muscles)	☐	☒	Abdomen (mass)	☐	☒
Ear, nose, throat	☐	☒	Hernias	☐	☒	Skeletal system	☐	☒	Skin	☐	☒
Chest/lungs	☐	☒	Lymph nodes/breasts	☐	☒	Neurological	☐	☒	Rectal ☐	☐	☒
			Genitalia (external)	☐	☒				Not done (See below)		

Rectal exam is not required if bowel history and abdominal exam are normal. For any "YES" (abnormal) in part 8, above, 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 additional 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 Rotary Youth Exchange program.

☐ Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, 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 address, phone, fax and E-mail

1-1-1 Oksa Matsubara-city
Osaka, 580-0014 Japan
Phone +81-72-111-2222
Fax+81-72-222-5555

Physician Name

Kyoji FUKUSHIMA

Physician Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature

電子署名

Date (YYYY-MM-DD)

2023-12-22

Parent and Applicant Declaration:

We/I hereby confirm:

(1) that the Medical Sections C-1 and C-2 with Dental Section D include ALL the health information known to us/me. Incomplete Medical or Dental Sections may lead to an early termination of the exchange.
(2) that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
(3) that if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.
(4) I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parents to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

Parent/Legal Guardian #1 Signature: Name: Ichiro YAMADA Date: 2023-12-22 電子署名	**Applicant Signature:** Name: Jiro YAMADA Date: 2023-12-22 電子署名
Parent/Legal Guardian #2 Signature: Name: Hanako YAMADA Date: 2023-12-22 電子署名	This form provides for authenticated digital signatures by clicking on signature fields. Basic electronic signatures are applied instead using Fill & Sign Tool without clicking on signature field. Leave signature fields empty to print and apply ink signature for scanned copies. Doing all signatures the same way is usually best, but ink and basic electronic signatures can be mixed. **Follow RYE Sponsor District instructions** regarding suitable signatures for this application.

Letter(s) of explanation from treating physician(s), if any, and separate pages for any abnormal physical findings are to be appended following this page.

Applicant Name 申請者氏名:	Jiro YAMADA
Date of Birth 生年月日: 2006-11-8	AGE 年齢: 17 Sex 性別 ☑male 男 ☐female 女

Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not) / 感染性疾患の罹患履歴(年)

Measles(rubeola)はしか ☑No ☐Yes Year	Mumps おたふく風邪 ☐No ☑Yes Year 2011	Hepatitis 肝炎(if so, see comments) (コメントに詳細記入) ☑No ☐Yes Year	Whooping cough(pertussis)百日咳 ☑No ☐Yes Year
Rubella(German measles) 風しん ☑No ☐Yes Year	Varicella (Chicken Pox) 水疱瘡 ☐No ☑Yes Year 2007	Scarlet fever 猩紅熱 ☑No ☐Yes Year	Other(その他): Covid-19 ☑No ☐Yes Year

Dates of immunizations (clearly state the dates of ALL doses received in ISO format– YYYY-MM-DD) Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/)or school may require additional immunizations.
申請者が接種した予防接種の日付を下記に明記してください。(日付は年-月-日で記載)予防接種は、多くの地域で学校に通うための前提条件となっています。必須の予防接種の要件はさまざまです。受入国、地区、または学校から追加の予防接種を要求される場合があります。

Immunization	接種	Date #1	Date #2	Date #3	Date #4	Date #5	Date #6
DPT/DT	ジフテリア、破傷風、百日咳	2007-02-25	2007-05-26	2008-05-20			
Rubella	風疹	2007-06-2	2013-5-1				
Mumps	おたふくかぜ	2012-1-9					
Measles	はしか	2007-9-1	2013-9-15				
Poliovirus	ポリオ	2007-6-1	2007-9-30				
Chikenpox (Valicella)	水疱瘡	2023-12-1					
Hepatitis B	B型肝炎						
Hepatitis A	A型肝炎						
Yellow Fever	黄熱						
Japanese Encephalitis	日本脳炎	2012-7-25	2012-10-20	2013-1-15	2018-9-1		
Meningococcal Meningitis	髄膜炎						
Typhoid	腸チフス						
COVID-19	メーカーManufacture ( )						
Others (Specify)							
Additional Comments	追加のコメント 今後の接種予定等						

Tuberculosis screening: The applicant must present evidence of recent(within 3months) Mantoux/PPD skin test.
結核検査結果: 申請者は直近3ヶ月以内のマントー検査・PPD検査の結果を提出しなければならない。

Date of screening 診断日 (YYYY-MM-DD): Result/diagnosis 診断結果 (Positive 陽性 / Negative 陰性)

If this result is possitive or the applicant received a BCG vaccine, this is to certify that the above applicant has NO Tuberculosis because of the following examination's results 上記検査結果が陽性の場合またはBCG接種が申請者におこなわれた場合、下記検査により申請者が結核に感染していないことを証明する必要がある。

Examination for tuberculosis 結核検査		Result 診断	Date 診断日
☑Chest X-ray: X線検査		Positive 陽性 / Negative 陰性	2023-11-25
		Comment 所見	
interferon-gamma release assay: IGRA インターフェロンγ遊離試験(どちらか)	☑T-SPOT	Positive 陽性 / Negative 陰性	2023-11-15
	☐QuantiFERON-TB test(QFT)	Positive 陽性 / Negative 陰性	

I, the undersigned, certify that the above Immunization Record is accurate.
上記予防接種の履歴および特定の感染性疾患の罹患歴にまちがいないことを証明します。

Physician address, phone and E-mail 病院の住所、電話、E-mail 1-1-1 Oksa Matsubara-city Osaka, 580-0014 Japan Phone +81-72-111-2222	**Physician's Name 医師の氏名** Kyoji FUKUSHIMA
	Signature 医師の署名 電子サイン(もしくは、紙にインクで書く) 電子署名
	Date of issue 日付 (年-月-日) 2023-12-22

RIJYEMに確認したところ、C-1セクションに予防接種の日付を下記、
医療機関の署名があれば、母子手帳の写しまでは必要ないとの事でした。
特に派遣国から要請がない限り、このページは空白のままで結構です。

RIJYEMに確認したところ、C-1セクションに予防接種の日付を下記、
医療機関の署名があれば、母子手帳の写しまでは必要ないとの事でした。
特に派遣国から要請がない限り、このページは空白のままで結構です。

Sponsor District: 2660 **Applicant Name:** Jiro YAMADA

Rotary Youth Exchange – Long-Term Exchange Program

Section D: Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate *(use uppercase for FAMILY name; e.g. John David SMITH)*		Date of Birth (YYYY-MM-DD)		☒ Male ☐ Female ☐ Non-Binary
Jiro YAMADA		2006-11-08		
Home Address – Street	**City**	**State/Province**	**Postal Code**	**Country**
1-2-3 Azuchi-machi, Chuo-ku	Osaka	Osaka	542-0051	Japan
Email Address	**Home Phone Number**	**Mobile Phone Number**		
taro.yamada@ gmail.com	+81-6-6264-2660	+81-90-1111-1111		

Dental Examination

1. Is the applicant in good dental health?	☒ Yes	☐ No
2. Does the applicant require dental work at this time?	☐ Yes	☒ No
3. Do you foresee the applicant requiring any dental work while abroad?	☐ Yes	☒ No

If yes, please explain below (use space at bottom or additional pages if needed):

Enter any additional comments below. (If additional pages are necessary, attach them and please check here ☐)

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist address, phone, fax and E-mail	**Dentist Name**
Mino Dental Clinic 1-1-1 Asahigaoka-cho Ikeda City, Osaka Phone:+81-72-333-4444 Fax:+81-72-555-5555	Hisao Mino
	Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature 電子署名
	Date (YYYY-MM-DD) 2023-12-10

Rotary Youth Exchange

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange – Long-Term Exchange Program

Section E: Endorsements-Sponsor Club; Guarantees-Student & Parents

Full Legal Name as on passport or birth certificate *(use uppercase for your FAMILY name; e.g., John David SMITH)*		Name You Wish to be Called		☒ Male ☐ Female ☐ Non-Binary
Jiro YAMADA		Taro		
Home Address - Street	**City**	**State/Province**	**Postal Code**	**Country**
1-2-3 Azuchi-machi, Chuo-ku	Osaka	Osaka	542-0051	Japan
Postal Address *(if different)* - Street	**City**	**State/Province**	**Postal Code**	**Country**

E-mail Address	Skype ID	Mobile Phone Number
taro.yamada@gmail.com		+81-90-1111-1111
Place of Birth *(City, State/Province, Country)*	**Citizen of *(Country)***	**Date of Birth *(YYYY-MM-DD)***
Higashiosaka-city/Osaka/JAPAN	JAPAN	2006-11-08

(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; (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE: We, the parents/legal guardians of the above applicant agree to do the following: (1) Pay all costs of transportation, passport and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (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/district 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 PARENT/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. They hereby also authorize the host district to receive all necessary documents regarding application for visa.

e-Signature (Applicant) (or ink on paper)	Home Phone Number	Date *(YYYY-MM-DD)*	
電子署名	+81-6-6264-2660	2023-12-05	
e-Signature of Parent/Legal Guardian #1 (or ink on paper)	**Date *(YYYY-MM-DD)***	**Mobile Phone Number**	**E-mail**
電子署名	2023-12-05	+81-90-2222-2222	ichiro.yamada@email.com
e-Signature of Parent/Legal Guardian #2 (or ink on paper)	**Date *(YYYY-MM-DD)***	**Mobile Phone Number**	**E-mail**
電子署名	2023-12-05	+81-90-3333-3333	hanako.yamada@email.com
Witness Name: Sponsor Rotary Club member e-signature (or ink on paper) Witness NOT REQUIRED if all above signatures are AUTHENTICATED digitally.	**Date *(YYYY-MM-DD)***	**Mobile Phone Number**	**E-mail**
電子署名	2023-12-08	+81-90-4444-4444	takao.sato@gmail.com

(C) SPONSOR 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 student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District #	**Sponsor Club Name**	**Sponsor Club ID #**
2660	Rotary Club of Osaka	14540

Name of District Youth Exchange Chair	Name of Sponsor Club President	Name of Sponsor Club Youth Exchange Officer
Hideo HISAMATSU	Takuya KIMURA	Jun Matsumoto
Street Address of District Youth Exchange Chair	**Street Address of Sponsor Club President**	**Street Address of Sponsor Youth Exchange Officer**
1-4-1 Tamagawa,Fukushima-ku,	1-4-1 Umeda, kita-ku,	3-5-6 Nakatsu, Kita-ku,
City, State/Province, Postal Code of District YE Chair	**City, State/Province, Postal Code of Sponsor Club President**	**City, State/Province, Postal Code of Sponsor Club YEO**
Osaka-city, Osaka,553-0004	Osaka-city, Osaka, 530-1111	Osaka-city, Osaka, 531-0071
E-mail Address of District Youth Exchange Chair	**E-mail Address of Sponsor Club President**	**E-mail Address of Sponsor Youth Exchange Officer**
hisamatsu@df-sgs.co.jp	takuya.kimura@gmail.com	Jun-matsumoto@gmail.com
e-Signature of District YE Chair (or ink on paper)	**e-Signature of Sponsor Club President (or ink on paper)**	**e-Signature of Sponsor Club YE Officer (or ink on paper)**
電子署名	電子署名	電子署名

Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number
2024-01-28		2024-01-08	+81-6-6666-7777	2024-01-08	+81-6-7878-7878
Mobile Phone Number	**Business Phone Number**	**Mobile Phone Number**	**Business Phone Number**	**Mobile Phone Number**	**Business Phone Number**
+81-90-1895-6773	+81-50-1752-1688	+81-90-3333-4444	+81-6-7777-8888	+81-90-9999-1111	+81-6-9898-9898
Skype ID for District Youth Exchange Chair		**Skype ID for Sponsor Club President**		**Skype ID for Club Youth Exchange Officer**	

Sponsor District: 2660

Applicant Name: Jiro YAMADA

Rotary Youth Exchange

Rotary Youth Exchange – Long-Term Exchange Program

Section F: Endorsements-Host Club, District & School

(Guarantee Form / Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate *(use uppercase for your FAMILY name; e.g., John David SMITH)*	Name You Wish to be Called	☒ Male ☐ Female ☐ Non-Binary
Jiro YAMADA	Taro	

Place of Birth *(City, State/Province, Country)*	Country of Citizenship	Country of Residence	Date of Birth *(YYYY-MM-DD)*
Higashiosaka-city/Osaka/JAPAN	JAPAN	Japan	2006-11-08

(A) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club and Rotary District specified within this section 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 the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant an allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country	Host Club Name	Host Club ID #

Host District #	Monthly Allowance	Final Arrival Airport in Host Country	Airport Code	Arrival Date(s)

Name of District Youth Exchange Chair	Name of Host Club President	Name of Host Club Youth Exchange Officer

Signature of Host District Youth Exchange Chair	Signature of Host Club President	Signature of Host Club Youth Exchange Officer

Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number	Date *(YYYY-MM-DD)*	Home Phone Number
Skype ID	Mobile Phone Number	Skype ID	Mobile Phone Numbe	Skype ID	Mobile Phone Number

E-mail Address of District Youth Exchange Chair	E-mail Address of Host Club President	E-mail Address of Host Club Youth Exchange Officer

(B) HOST CLUB COUNSELOR

Name	E-mail Address

Address - Street	City	State/Province	Postal Code	Country

Home Phone Number	Business Phone Number	Mobile Phone Number	Skype ID

(C) 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	Phone Number	Fax Number	Date School Starts *(YYYY-MM-DD)*

Address - Street	City	State/Province	Postal Code	Country

Affix School's Stamp or Official Seal	Name of School Official	Title	Signature of School Official
	E-mail Address		Date *(YYYY-MM-DD)*

(D) FIRST HOST FAMILY

Name of Host Parent #1	Host Parent #1's E-mail Address	Business Phone	Mobile Phone
Name of Host Parent #2	Host Parent #2's E-mail Address	Business Phone	Mobile Phone

Host Family Home Address - Street	City	State/Province	Postal Code	Country

Home Phone Number	Names and Ages of any Other Adults (18 years of age or older) in the Home

HOST DISTRICT: Please return at least originals of the completed Endorsements/Guarantee Forms to:

Sponsor District/Multidistrict/Country Contact:	

Rotary Youth Exchange – Long-Term Exchange Program
Section G: Rules, Attestations, Permissions, Releases & Consents

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

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 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.
3) 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.
7) 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) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
9) 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.
10) You must attend school regularly and make an honest attempt to succeed.
11) 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 sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
12) 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 sponsor Rotary club or district
13) 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.
14) 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.
15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
16) 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.
17) 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.
18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
19) 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

1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
2) 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.
3) Learn ahead of time as much of the language of your host country as possible and use the language regularly. 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.
4) 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.
5) 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 in.
6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
7) 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.
8) 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.

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, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse. *Adopted by the Rotary International Board of Directors, October 2019*

ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

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 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.

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Jiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Ichiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Hanako YAMADA	2023-12-12	電子署名
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Witness NOT REQUIRED if all above signatures are AUTHENTICATED digitally.	2023-12-15	電子署名

LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.

IN CONSIDERATION of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively "RYE program")

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Jiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Ichiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Hanako YAMADA	2023-12-12	電子署名
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Witness NOT REQUIRED if all above signatures are AUTHENTICATED digitally.	2023-12-15	電子署名

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 'Section C: Medical History and Examination,' 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/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.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- 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/I 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/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 situation regardless of final outcome.

We agree to assume all financial obligations for any medical treatment rendered (whether or not covered by insurance)

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Jiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Ichiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Hanako YAMADA	2023-12-12	電子署名
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Witness NOT REQUIRED if all above signatures are AUTHENTICATED digitally.	2023-12-15	電子署名

Instructions: Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian of the student. This applies to all signature blocks, not only in this Section, but elsewhere in this Application Form,

Rotary Youth Exchange Application Privacy Statement (RIJYEM July 2023 version)

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation.The personal data will be kept only for the period of the required by Japanese Law and will be destroyed as soon as it expires,unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

CONSENT TO USE OF PERSONAL DATA

I acknowledge that before beginning this application I was provided the above application privacy statement and translation, if needed, which I have read and understand. I consent that my personal data including medical information may be collected, used and disclosed in compliance with local privacy laws by relevant Rotary entities as described above and including any sponsoring and hosting Rotary Youth Exchange Multidistricts as needed to: verify my eligibility; coordinate my exchange with international exchange partners, schools, and government agencies; and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Jiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Ichiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Hanako YAMADA	2023-12-12	電子署名

BASIC CONSENT REGARDING IMAGES AND RECORDINGS

I consent to anyone associated with the Rotary Youth Exchange program including Rotary members, host family members, and agents of the program ("Rotary") recording my voice and image by any means ("Recordings"). I understand Recordings may include audio, video or still photos.

I grant free of charge the right for Rotary to use Recordings depicting my image or voice in e-mails, newsletters or youth exchange program promotions including those shared by websites or social media. I understand that laws vary by country with regard to consents or releases for use of Recordings and that my sponsoring and hosting Rotary districts may or may not each provide relevant local policies, or request other consents or releases, either as part of this application or separately at a later date.

Applicant (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Jiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #1 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Ichiro YAMADA	2023-12-12	電子署名
Parent/Legal Guardian #2 (full legal name)	Date *(YYYY-MM-DD)*	e-Signature (or ink on paper) - click only for digital signature
Hanako YAMADA	2023-12-12	電子署名

Sponsor District: 2660 **Applicant Name:** Jiro YAMADA

Rotary Youth Exchange

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Section H-1: Secondary School Personal Reference (this page only)

Student: Complete the top section of this form. As your reference, select a teacher or administrator familiar with your abilities and accomplishments at school. Then do **one** of these two options (depending on resources and if an e-mail address is provided at the bottom of this page for submitting the form):

1. **E-mail this page** to your reference to be completed for submission to Rotary as an e-mail attachment (with e-Signature or scanned with ink signature).
2. **OR** Print this page and give to your reference with a pre-addressed postage-paid envelope to the mail address shown at the bottom of this page.

By so doing, you give permission for that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name *(use uppercase for FAMILY name; e.g. John David SMITH)*	Date of Birth *(YYYY-MM-DD)*	Grade	
Jiro YAMADA	2006-11-08	2nd	☒ Male ☐ Female ☐ Non-Binary

Evaluator: This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and sign this form within seven days of receipt. The information you submit will not be revealed to the student, unless required by law.

How long have you known this student? 2 years

In what capacity do you know this student? (Teacher? Counselor? Coach? Other? What years?) Homeroom Teacher

1. Ratings

Area	Excellent	Good	Average	Below Average	No Basis to Rate
Creative, original thought	☐	☒	☐	☐	☐
Independence, initiative	☐	☒	☐	☐	☐
Intellectual ability	☒	☐	☐	☐	☐
Emotional stability	☐	☒	☐	☐	☐
Academic achievement	☒	☐	☐	☐	☐
Openness to new ideas	☐	☐	☒	☐	☐
Flexibility, adaptability	☐	☒	☐	☐	☐
Ability to communicate	☐	☒	☐	☐	☐
Potential for growth	☐	☒	☐	☐	☐
Disciplined habits	☒	☐	☐	☐	☐
Participation	☐	☒	☐	☐	☐

2. 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

3. Do you believe the applicant's parents/legal guardians support the wish to spend time abroad? ☒ Yes ☐ No ☐ Not Sure

4. Please use the comments box (below), if necessary, to explain your answers to questions 2 and 3, to provide any other comments on the applicant's suitability as an exchange student and cultural ambassador.

RECOMMENDATION

In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I *(check one)*

☒ **Strongly Recommend** ☐ **Recommend** ☐ **Have No Opinion** ☐ **Do Not Recommend** ☐ **Strongly Do Not Recommend**

Explanations or additional comments (optional):

Name	Title	e-Signature (or ink on paper)	Signature Date *(YYYY-MM-DD)*
Mai Kinoshita	Homeroom teacher	電子署名	2024-01-15

Name of School	Phone	E-mail
Meifu Gakuen High School	+81-6-6666-7777	mai.kinoshita@ gmail.com

DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT. **END OF SECTION H-1**

THIS FORM IS NOT YET PREPARED FOR USE REPLACE THIS TEXT WITH SPONSOR INSTRUCTIONS

Form return instructions:

EXAMPLE:
Mail to: Name (Sponsor District Chair or Outbound Coordinator)
Street Address
City, State/Province [Country] or E-mail to: your.address@ yourdomain.xxx

THEN USE 'SAVE AS' TO RENAME FORM

（１）
①成績証明書および②推薦状は学校に依頼して英語で1通ずつ準備して下さい。
（日本語は不要です）

（２）
自分でここには入れずに封をしたままアプリケーションと一緒に提出して下さい。
こちらで追加します。

（３）
英文推薦状は所属学校のレターヘッド（文書フォーマット）を使用して作成して
もらって下さい。（学校名、住所、電話番号などが明記されたもの）
作成者名、署名を入れてもらって下さい。

（４）
英文成績表を作成してもらう場合、学校印は日本語のもので構いません。

（５）
学年の途中ですが、暫定スコアでかまいません。成績表を待って、アプリケーション
の提出が遅れないようにして下さい。

Sponsor District: 2660 Applicant Name: Jiro YAMADA

Rotary Youth Exchange

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Section P: Passport/Birth Certificate

Sponsor District: 2660 Applicant Name Jiro YAMADA

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Section Z: Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must meet RYE Sponsor District signature requirements; all photographs must be inserted digitally and be of good quality. Submit the proper number of complete sets, as directed by your sponsor Rotary Club or District.

Sec.	Application Component	
A	*Personal Information* pages **completed** with photo **digitally inserted**	☑
B	*Letters & Photos* **completed**, with 4 photos **digitally inserted**	☑
C-1	*Medical History & Examination* **completed** and **signed** by physician, parents and applicant. ***Letter(s) of explanation and other additional pages, if any, should be appended following physician signature page.***	☑
C-2	*Copies of Vaccination Records and Certificates* **digitally inserted.**	☑
D	*Dental Health and Examimination* **completed** and **signed** by dentist	☑
E	*Endorsements-Sponsor Club, Student & Parents* **completed** and **signed** by all persons	☑
F	*Endorsements-Host Club, District & School* **top of form completed**, *remainder left blank*	☑
G	*Rules, Attestations, Permissions, Releases & Consents* **signed** by student and parents/legal guardians	☑
H-1	*Secondary School Personal Reference* **form and pre-addressed stamped envelope given to your teacher or administrator (do not submit Section H-1 with your application).**	☑
H-2	*Copy of* ***school transcript*** (with translation into English if transcript is in another language)	☑
P	*Passport/Birth Certificate:* Copy of **passport** (valid at least 6 months beyond the estimated end of exchange) or **birth certificate** (if valid passport is not available)	☑
Additional Forms Required by Sponsor District (if any)		
		☐
		☐
		☐
		☐
		☐

Final Instructions: When you have completed entry of the required fields in the application form, you are ready to print the document. Remember to print the proper number of copies, as directed by your sponsor Rotary Club/District. Then, you can obtain additional information and signatures where required, and use the checklist above to make sure everything is complete.

Paper copies: Assemble your application Sections A through Z into complete collated sets (excluding Section H-1). Include this checklist. Do not include any pages before Section A. Please do not staple or bind your application or any part of it; use paper clips or clamps instead. Submit the number of paper application originals specified by your local sponsor Rotary Club or District.

Electronic copy: Your RYE Sponsor District may require an electronic copy of this application instead of paper (or possibly both). If so, this may or may not include the use of electronic signatures. You will receive separate instructions from your sponsor district for preparation and electronic submission of this application, if required.

Good luck!