



Group Study Exchange Team Member Application

Please print or type. Do not use initials.

CONTACT INFORMATION

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 _____

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
DATES OF EMPLOYMENT	DATES OF EMPLOYMENT	DATES OF EMPLOYMENT
TITLE/DUTIES AND RESPONSIBILITIES	TITLE/DUTIES AND RESPONSIBILITIES	TITLE/DUTIES AND RESPONSIBILITIES

Team Member Certification (signatures required)

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.

BEFORE DEPARTURE:

You must 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. We require a minimum of: US\$250,000 for medical care and/or hospitalization resulting from injury or accident; \$50,000 for emergency medical evacuation; \$10,000 for accidental death and dismemberment; and \$10,000 for repatriation of remains. Please note that higher amounts are recommended, as well as insurance coverage for luggage and personal items. You must complete and return to the district GSE chair a signed statement 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. You must also submit to the District 6600 GSE chair a signed statement by a physician that you are physically fit to travel abroad. You must actively participate in at least 12 hours of orientation and cultural training conducted or arranged by your GSE Team Leader.

DURING THE EXCHANGE VISIT:

You must accept the decisions of the team leader at all times.

You must 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.

You must maintain standards of behavior and deportment during travels with the study team that will reflect credit on Rotary, my district, and my country.

AFTER YOUR RETURN:

You must participate in a postexchange debriefing.

Within two months of my return home, you must submit a GSE Final Report including GSE Evaluation Form to the GSE chair.

You must take every opportunity after your return home to share what you have learned through informal contacts and by addressing Rotary clubs and other appropriate organizations.

I have read and agree to the above conditions, and I hereby release and discharge Rotary International District 6600, 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 this Group Study-Exchange or my participation therein. I agree that I shall indemnify and hold harmless Rotary International District 6600, 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 this 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 decisions related to travel safety. If R.I. District 6600 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 District 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 District 6600'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.

Signature and date: _____

I further understand, certify and agree that:

- 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.
- I will reimburse Rotary International District 6600 the cost of round-trip airfare if my standard of behavior warrants dismissal from the team.
- The award 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.
- Should I be required to return home prematurely due to travel safety concerns, and I choose to stay, I accept all responsibility for my safe return home and agree to forfeit my Foundation award.
- 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 stepchild, legally adopted or not), 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.
- I certify that the selection committee is aware of my relationship (professional or personal) to any Rotarians sponsoring my candidature.
- 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.
- R. I. District 6600 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 Rotary related 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.

Signature and date: _____

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 CURRENT CLUB PRESIDENT (PLEASE PRINT) _____

SIGNATURE OF CLUB PRESIDENT (MANDATORY) _____

DATE _____

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. 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 ESSAY OF INTENT AS A SEPARATE PAGE