

Team Member Application - Deadline: October 1, 2009



The Rotary Foundation Group Study Exchange

RETURN BY MAIL TO: GSE Chair Joseph Sinisi, 1429 Route 22 East, Mountainside, NJ. 07092.

Tel: 908 451-5412 or e-mail: DistrictGSEChair@yahoo.com

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.

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 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\$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.
- 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 or a Regional GSE Orientation Seminar if offered in your area.

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.
- Refrain from engaging in dangerous activities.
- Refrain from engaging in any type of medical practice or activity including but not limited to routine medical procedures, surgical procedures, dental practice, contact with infectious diseases. Educational program participants who engage in this type of prohibited activity are reminded that they are solely responsible for any and all liability that may arise from their participation in this activity, including providing for adequate insurance.
- Have sufficient funds to meet my personal and incidental expenses while abroad.

Postexchange

- Participate in a postexchange 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:

- 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 The Rotary Foundation the cost of round-trip airfare if my standard of behavior warrants dismissal from the team.
- 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.
- 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.
- The Rotary Foundation (TRF) 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 (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 response on an additional page.

VOCATIONAL CLASSIFICATIONS

Please check a single vocational classification from those listed below that is closest to your current profession.

Management/Administration

- Executive
- Director
- Manager
- Supervisor
- Office Manager
- Coordinator
- Customer Service Representative
- Secretary
- Administrator
- Adviser
- Trainer
- Minister/Priest

Education

- University Professor
- Lecturer
- Secondary Teacher
- Elementary Teacher
- Kindergarten Teacher
- Day Care
- Counselor
- Language Instructor
- Administrator
- Researcher

Public Service

- Police Officer
- Probation Officer
- Firefighter
- Postal Worker
- Public Information Officer
- Social Worker
- Crime Victims Advocate
- Military
- Government

Engineering/Science

- Construction Engineer
- Civil Engineer
- Electrical Engineer
- Mechanical Engineer
- Computer Engineer
- Environmental Engineer
- Architect
- Builder
- Scientist
- Computer Programmer
- Software Developer
- Pilot
- Navigator

Legal

- Attorney
- Judge
- Clerk
- Paralegal

Advertising/Marketing/ Public Relations/Sales

- Representative
- Administrator
- Graphic Artist
- Product Specialist
- Salesperson

Finance

- Banker
- Analyst
- Auditor
- Cashier

Self-Employed

- Consultant
- Owner/Proprietor
- Farmer

Media/The Arts

- Journalist
- Editor
- Publisher
- Media Announcer
- Media Reporter
- Musician
- Artist
- Craftsman

Medical/Health

- Physician
- Dentist
- Pharmacist
- Nurse
- Therapist
- Veterinarian
- Hygienist
- Occupational Health & Safety Officer
- Administrator
- Paramedic
- Specialist

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

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 CURRENT DISTRICT ROTARY FOUNDATION CHAIR (PLEASE PRINT)

SIGNATURE OF DISTRICT ROTARY FOUNDATION CHAIR (MANDATORY)

DATE

NAME OF CURRENT DISTRICT GSE CHAIR (PLEASE PRINT)

SIGNATURE OF DISTRICT GSE CHAIR (MANDATORY)

DATE

NAME OF CURRENT DISTRICT GOVERNOR (PLEASE PRINT)

SIGNATURE OF DISTRICT GOVERNOR (MANDATORY)

DATE

The completed application must be submitted to the local Rotary club sponsoring your candidature. GSE team member candidates should not submit applications directly to The Rotary Foundation. Applications submitted directly to The Rotary Foundation by individual applicants will not be accepted and may result in missing the district application deadline.

Once the team is selected, the district GSE chair should fax or mail the completed application along with all team member applications and insurance and medical certificates to:

**Group Study Exchange Department
The Rotary Foundation
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Fax: 847-556-2143**