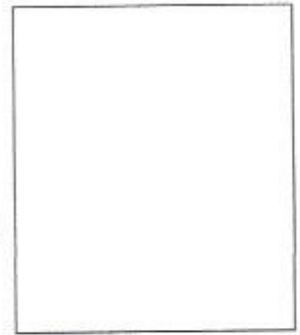


# Lions Youth Exchange Visitor Application

Please attach:

- 1) applicant's recent passport photograph
- 2) photograph of the applicant's family
- 3) applicant's introduction letter to his family
- 4) an indemnity agreement

Forward three copies of this application to the YE chairman. The chairman will send the application to the appropriate district/multiple district. All information on this form should be printed or typewritten.



## I. To be Completed by the Applicant

### A. Personal Information

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ | Male | Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

How will the exchange be financed? Be specific. \_\_\_\_\_

Do you reside in a:  rural area  small city  large city

Have you ever traveled abroad?  yes  no Where? \_\_\_\_\_

Have you ever participated in YE before?  yes  no

What is your primary language? \_\_\_\_\_

Other languages spoken \_\_\_\_\_

What school do you attend? \_\_\_\_\_

Field of study \_\_\_\_\_

Are you a Leo club member?  yes  no Do you smoke?  yes  no

Health condition \_\_\_\_\_ (a doctor's certificate may be required.)

Health/dietary requirements? \_\_\_\_\_

Hobbies/interests/sports \_\_\_\_\_

Religion (optional) \_\_\_\_\_

### B. Destination preferences

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

rural area  small city  large city  no preference

preferred dates of exchange: from \_\_\_\_\_ to \_\_\_\_\_

### C. Agreement to Terms of Program

I agree to abide by the policies of the Lions Youth Exchange Program. I understand that unauthorized extended personal travel or leaves of absences during the program are prohibited and that my participation is not for tourism, formal education or employment. I will not operate a motor vehicle during my stay in the host country. Any serious violation of the program's policies on my part can, at the discretion of the host Lions officer, result in the immediate termination of my visit at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## II. To Be Completed by Parents/Guardian

- A. Father's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Lions club member?  yes  no
- B. Mother's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Lions club member?  yes  no
- C. Siblings?** Names, ages \_\_\_\_\_
- D. Applicant must obtain traveler's insurance** for the duration of the exchange covering medical care, property loss, trip cancellation and repatriation.  
Traveler's insurance: Company name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_
- E. Emergency Medical Treatment Authorization**  
In case of emergency, I authorize Lions YE officials or the host family to provide my child with any necessary medical treatment prescribed by a doctor. I understand that any expenses not covered by insurance for such medical treatment will be my responsibility.  
Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_
- F. Indemnity Agreement** (to be attached to application)  
The applicant's parents/guardian must sign a statement releasing any Lions club member and Lions Clubs International from liability. The sponsor Lions should have this statement prepared by a local attorney.
- \_\_\_\_\_

## III. Endorsements

- A. Sponsoring Lions Club**  
Club name \_\_\_\_\_ District \_\_\_\_\_  
City \_\_\_\_\_ State/province \_\_\_\_\_ Country \_\_\_\_\_  
How was the applicant selected? \_\_\_\_\_  
I have met the applicant and his/her parents. They are fully informed of the program's policies. I certify that the applicant is qualified to participate in the Lions Youth Exchange Program.  
Club president's name \_\_\_\_\_ Telephone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
- B. Sponsoring District Youth Exchange Chairman**  
I have reviewed this application and give it my endorsement.  
Name \_\_\_\_\_ District \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_