



ROTARY PROGRAM RAZMJENE MLADIH – Croatia

Upute za popunjavanje dokumentacije za prijavu za kratkoročne ljetne kampove - Sezona 2018 -

POTREBNA DOKUMENTACIJA:

- *Prijavnica za kratkoročnu razmjenu*
- *STEP aplikacija (univerzalna Rotary International Aplikacija)*
- *Motivacijsko pismo*
- *Svjedodžba prethodne školske godine (za polaznike srednjih škola i prve godine studija)*

PRIJAVNICA:

Skinuti obrazac prijavnice s linkova u opisu postupka prijave, popuniti ga i prikupiti sve potpise. Za podatke o Rotary klubu i potpise klupskih predsjednika i YEO obratiti se YEO klubu. Kad je dokument popunjen u potpunosti, skenirati ga u PDF i poslati YEO zajedno s ostalom dokumentacijom kako bi ga upload-ao na web stranicu prilikom prijave kandidata.

STEP APLIKACIJA:

- **STEP Application Form** skinuti s linka na web stranici i popunjavati u računalu (aplikacija je u takvom PDF formatu da omogućava digitalno popunjavanje, ali tek kad se dokument downloada s web stranice i spremi lokalno u računalu.
- Na stranici br. 3 obavezno dodati fotografiju kandidata
- Na stranici br. 6 na mjestima koja su označena crvenom bojom obavezni su potpisi!
- District YE Chair je LJILJANA TRSTENJAK, e-mail: ljiljana.trstenjak@ck.t-com.hr, telefon: +385 98 426 502.
- **Aplikacija se ne smije popunjavati vlastoručno već isključivo digitalno budući da ni kampovi neće prihvatiti nečitko upisane podatke.**
- Kandidat ima obavezu kontaktirati YEO iz kluba preko kojeg se prijavljuje, te zajedno s njim/njom unijeti podatke o Rotary klubu, ime i kontakt podatke predsjednika i YEO kluba, te prikupiti potpise Youth Exchange Officera i Predsjednika Rotary kluba..
- District YE Chair, Ljiljana Trstenjak potpisati će aplikaciju **nakon što je unesena na web stranicu prilikom prijave kandidata**,
- **Na dolje priloženom primjeru popunjene aplikacije uneseni su crvenom bojom svi podaci koje je potrebno popuniti i u aplikaciji kandidata.**
- Na stranici br. 7 podaci o HOST klubu i Distriktu ostaju prazni, popuniti će ih Klub/Distrikt koji je organizator kampa, a nakon potvrde primitka kandidata u kamp.
- **Supplementary Page A** – ova stranica se **ne popunjava!**
- **Supplementary Page B** – obavezno popuniti!

Nakon što je u potpunosti popunjena, STEP Aplikaciju je potrebno isprintati, prikupiti sve potrebne potpise i ponovno skenirati s potpisima u PDF format. U finalnom PDF formatu ne trebaju stranice br.1 i br.2 s uputama, pa početi skenirati od stranice br. 3 s fotografijom.

MOTIVACIJSKO PISMO:

Motivacijsko pismo piše se u obliku eseja na maksimalno 2 stranice. Nije potrebno dodavati fotografije! Upute kako napisati motivacijsko pismo možete skinuti s linka: *Motivacijsko pismo - Upute*

PRIJAVNICA ZA KRATKOROČNU RAZMJENU

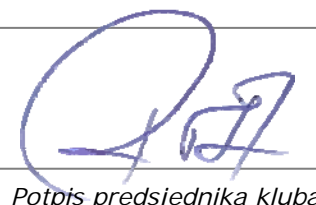
Ime i prezime kandidata: **Antea Starčević**

OIB: **07017107017**

Rotary klub sponzor: **Rotary klub Novi Zagreb**



Potpis YEO



Potpis predsjednika kluba

Podaci za bodovanje:

1. Ide li kandidat prvi put na kratkoročnu Rotary razmjenu tj. kamp?

DA

NE

Ako je odgovor NE, na koliko je kampova sudjelovao do sada? **1**

2. Je li kandidat član Interact, Rotaract ili Rotex kluba?

DA

NE

Ako je odgovor DA, navesti ime kluba: _____

3. Jesu li roditelji kandidata spremni ugostiti, u slučaju potrebe, polaznike hrvatskih kampova?

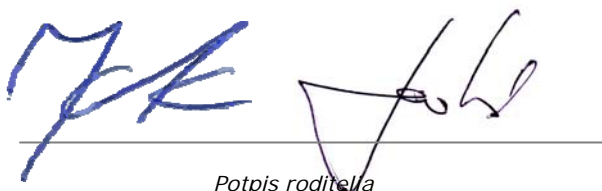
DA

NE


Ako je odgovor DA, popuniti slijedeću izjavu roditelja:

Mi, **Violeta i Zoran Starčević**, iz **Zagreba**
Puno ime i prezime roditelja

svojim potpisom potvrđujemo da smo spremni ugostiti, u slučaju potrebe, učenika/učenicu iz inozemstva tijekom sudjelovanja u nekom od hrvatskih Rotary kampova u godini 2018., u trajanju od 1-4 dana.

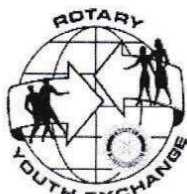


Potpis roditelja



Potpis kandidata

U **Zagrebu**, datum: **15-11-2017.**



Rotary District Short-Term Exchange Program

Personal Information

Before you begin your application, please read all instructions on the prior pages.



1. Program Information

This application refers to the following Short Term Exchange Program (please tick the appropriate box):

☐ Family to Family Individual Exchange
☐ Group Exchange / Tours

☒ Youth Camps
☐ Other

2. Applicant Information

Full Legal Name as on passport or birth certificate (use capital letters for your FAMILY name; e.g., SMITH John David) Ivana Marković			Name You Wish to be Called Ivana		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Date of Birth (e.g., 23/April/1999) 15/March/1998	Citizen of (Country) CROATIA	Place of Birth (City, State/Province, Country) Zagreb			
Home Address – Street Praška 2	Town/City Zagreb	State/Province	Postal Code 10 000	Country CROATIA	
Postal Address (if different) - Street	Town/City	State/Province	Postal Code	Country	
E-mail Address youthexchange@rotary.hr	Home Phone Number +385 1 7654 321		Mobile Phone Number +385 91 7654 321		

3. Parent/Legal Guardian Information (Preferred but not essential if applicant is over 18 years of age)

Full Name of Father/Legal Guardian Ivan Marković		Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name of Rotary Club		
Address – Street Praška 2	Town/City Zagreb	State/Province	Postal Code 10 000	Country CROATIA	
E-mail Address youthexchange@rotary.hr	Home Phone Number +385 1 7654 321		Mobile Phone Number +385 91 7654 321		
Occupation Lawyer	Business Phone Number		Fax Phone Number		
Full Name of Mother/Legal Guardian Ana Marković		Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name of Rotary Club		
Address – Street Praška 2	Town/City Zagreb	State/Province	Postal Code 10 000	Country CROATIA	
E-mail Address youthexchange@rotary.hr	Home Phone Number +385 1 7654 321		Mobile Phone Number +385 91 7654 321		
Occupation Surgeon	Business Phone Number		Fax Phone Number		
Parent/legal guardian to contact first in the event of an emergency (specify "Father", "Mother", etc.):					
<input type="checkbox"/> Check here if your parents are divorced or separated. If applicant is under 18 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.					

Applicant's Name	Ivana Marković
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4. Personal Background

Religion Catholic	Do you have any special requirements regarding religious observance? Please detail:-
Dietary Restrictions None	(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...)
Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain.
Do you drink alcohol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain.
Have you ever used illegal drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain.
Answering yes to any of these questions will not necessarily eliminate you as a candidate; however, special consideration may be required with regards to host family or host country.	

5. Languages

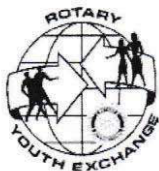
Your Native Language		Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)		
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing
English	10	Fluent	Fluent	Fluent
Italian	5	Good	Good	Good
German	2	Fair	Fair	Fair

6. Health Information

Do you have any mental health/medical/dental conditions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you been treated for mental health/medical conditions in the past two years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you taken any prescribed medications in the past six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you have any special health requirements (disabilities, allergies etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you have answered 'YES' to any of the above please explain fully in the space below providing as much information as possible, including the name of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.		
<i>For more personal and background information please use the appropriate Supplementary Page.</i>		

7. Sending District and Club Contacts (to be completed by Sending Rotary Club and District representatives)

Sending District Number 1913	Name of Sending District Youth Exchange Chair Ljiljana Trstenjak	E-mail Address ljiljana.trstenjak@ck.t-com.hr		
Address – Street Travnik 18	Town/City Čakovec	State/Province	Postal Code 40 000	Country CROATIA
Home Phone Number	Business Phone Number	Mobile Phone Number 00385 98 426 502	Fax Number	
Sending Rotary Club RC Vinkovci 1937	Name of Sending Club Youth Exchange Officer Goran Matoš	E-mail Address g.matos@vipnet.hr		
Address – Street A.Stepinca 12	Town/City Osijek	State/Province	Postal Code 31 000	Country CROATIA
Home Phone Number	Business Phone Number	Mobile Phone Number 00385 91 4691 496	Fax Number	



Rotary District Short-Term Exchange Program

Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange Program participant supported 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 your 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 program participant 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. Medicine prescribed to you by a physician is 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.
- 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) You must have travel insurance that provides coverage for accidental injury and illness, third party liability, 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, with coverage from the time of your departure from your home country until your return.
- 7) You must purchase return travel ticket before departure from the home country.
- 8) You must attend all orientations and trainings offered by the sending and host districts and clubs.
- 9) 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.
- 10) 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 if you are under 18, your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 11) You must return home directly by a route mutually agreeable to your host district and, if under 18, your parents or legal guardians.
- 12) 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.
- 13) You should communicate with your host family, if applicable, prior to leaving your home country. The family's information must be provided to you by your host club or district prior to your departure.
- 14) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged. Such visits may only take place with the consent of the host club and district and within their guidelines.
- 15) Talk with your host counselor or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 1) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange.
- 2) If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 3) Make an effort to learn the basics of the language of the host country.
- 4) Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved - do not wait to be asked.
- 5) Avoid serious romantic activity. Abstain from sexual activity.
- 6) Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse the costs you incur.
- 7) Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable.
- 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.

Applicant's Name	Ivana Marković
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PERMISSION FOR MEDICAL CARE AND RELEASE FROM LIABILITY

(If applicant is under 18 years of age delete this paragraph)

I, the applicant, do release from liability and grant permission as noted of the following while I am participating as a Rotary Youth Exchange program participant:

(If applicant is over 18 years of age delete this paragraph)

We, the parents/legal guardians of the applicant 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 participating as a Rotary Youth Exchange student:

- In the event of accident or sickness, I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable.
- I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for any emergency situation.

I agree to hold harmless Rotary International, any Rotary District or Club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome. I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

APPLICANT'S DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT to the full extent permitted by law, hereby releases and agrees to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant I declare that:-

- I have read and understood the Program Rules and Conditions of Exchange and 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.
- I have read and understand the Statement of Conduct for Working with Youth. I understand that all Rotarians and host families are expected to have read and understood this statement. I understand that I will be provided with training and written material on whom to contact and procedures I must follow should I encounter any form of abuse or harassment.

I am in good health and as a Rotary Youth Exchange participant understand the importance of the role of a youth ambassador and, should I be chosen to represent my sending Rotary club and district, school, community, state/province, and country will, to the best of my ability, maintain the high standards required. I further state that all the detail entered by me in this application and the attached documents are true and accurate to the best of my knowledge.

DECLARATION BY PARENTS/LEGAL GUARDIANS (delete if Applicant is over 18)

IN CONSIDERATION of the acceptance and participation of the applicant in this program, WE, his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sending Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned parents or legal guardians of the applicant:

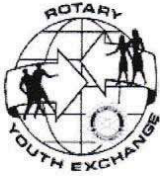
- We have read and understood the Program Rules and Conditions of Exchange and agree to abide by them.
- We have read and understood the Statement of Conduct for Working with Youth and we understand that all Rotarians and host families are expected to have read and understood this statement.
- We agree that the Applicant may travel to the Host District

Signatures of parents/guardians are not required if applicant is over 18 years of age

Signed (Applicant) potpis kandidata koji se prijavljuje	Signed (Father/Guardian) potpis oca	Signed (Mother/Guardian) potpis majke
Witness (Sending Rotary club representative) potpis Youth Exchange Officera		Date (e.g., 01/Jan/2006) dan/mjesec/godina

SENDING CLUB and DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant <i>and his/her parents/legal guardians*</i> and having reviewed the application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to hosting clubs and districts the acceptance of this student. The District agrees to provide adequate orientation to the student <i>and parents*</i> before the student's departure. <i>*(delete if applicant over 18)</i>		
Sending District No. 1913	Sending Club Name RC Vinkovci 1937	Sending Club ID No. 82682
Name of District Youth Exchange Chair Ljiljana Trstenjak	Name of Club President Goran Matoš	Name of Club Secretary / YEO Goran Matoš
Signature of District Youth Exchange Chair potpis voditelja YE odbora	Signature of Club President potpis predsjednika RC	Signature of Club Secretary/YEO potpis YEO
Date (e.g., 23/April/2010) dan/mjesec/godina	Date (e.g., 23/April/2010) dan/mjesec/godina	Date (e.g., 23/April/2010) dan/mjesec/godina



Rotary District Short-Term Exchange Program Guarantee Form

Applicant's Name	Ivana Marković
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Full Legal Name as on passport or birth certificate (use capital letters for your FAMILY name; e.g., SMITH John David)		Name You Wish to be Called		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Ivana Marković		Ivana			
Place of Birth (City, State/Province, Country)		Citizen of (Country)		Date of Birth (e.g., 01/Jan/1999)	
Zagreb		CROATIA		15/March/1998	
Home Address – Street		Town/City		State/Province	
Praška 2		Zagreb			
		Postal Code		Country	
		10 000		CROATIA	
E-mail Address		Home Phone Number		Mobile Phone Number	
youthexchange@rotary.hr		+385 1 7654 321		+385 91 7654 321	

SENDING CLUB

Sending District No.	Sending Club Name	Sending Club ID No.
1913	RC Vinkovci 1937	82682
Name of District Youth Exchange Chair	Name of Club President	Name of Club Secretary / YEO
Ljiljana Trstenjak	Goran Matoš	Goran Matoš

Alternative Emergency Contact for student in home country, OTHER THAN A PARENT/GUARDIAN

Name		Relationship			
Dragica Marković		Aunt			
Home Address – Street		Town/City		State/Province	
Praška 2		Zagreb			
		Postal Code		Country	
		10 000		CROATIA	
E-mail Address		Home Phone Number		Business Phone Number	
youthexchange@rotary.hr		+385 1 7654 321		+385 91 7654 321	

HOST DISTRICT and CLUB GUARANTEE

The Rotary District, and Rotary Club where specified within this section, will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.

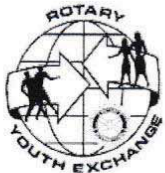
Host Country	Host District No.	Host Club Name		Host Club ID No.	
Name of District Youth Exchange Chair		Name of Host Club President		Name of Host Club Secretary / YEO	
E-mail Address of District Youth Exchange Chair		E-mail Address of Host Club President		E-mail Address of Host Club Secretary/YEO	
Signature of District Youth Exchange Chair		Signature of Host Club President		Signature of Host Club Secretary/YEO	
Date	Home Phone Number	Date	Home Phone Number	Date	Home Phone Number

HOST DISTRICT or CLUB COUNSELOR (Individual Exchanges only)

Name		E-mail Address			
Address – Street		Town/City		State/Province	
		Postal Code		Country	
Home Phone Number		Business Phone Number		Mobile Phone Number	
		Fax Number			

HOST FAMILY (if applicable?)

Name of Host Father		Host Father's E-mail Address		Business Phone		Mobile Phone	
Name of Host Mother		Host Mother's E-mail Address		Business Phone		Mobile Phone	
Host Family Home Address – Street		Town/City		State/Province		Postal Code	
				Country			
Home Phone Number		Names and Ages of any Other Adults in the Home					



Rotary District Short-Term Exchange Program

Applicant's Name

Ivana Marković

Supplemental information about applicants for Youth Camps and Tours

Applicant's Personal Background

Please answer the following questions:-

What are your free time activities?

In my free time I like to read a good book or watch a movie. I like hiking and going for long walks with my dog. Also I like to go out with my friends.

What are your school, college or university education attainments and vocation?

Currently I attend high school but I plan to enroll to Faculty of Architecture.

What are your special interests and accomplishments?

My special interests are music and art.

Do you have special skills?

People say that I am good at singing.

Could you contribute to entertainment (e.g. play musical instrument etc.)?

I can play the piano and I can sing.
I am very open and friendly person.

What is the reason for your programme participation (e.g. choice of specific youth camp)?

I would like to meet new people and see new places. I like to travel and learn about new cultures.

Other personal remarks.