## **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 hist 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 **Personal Information** ☐ Male ☐ Female Date of birth Address \_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code\_\_\_\_\_ 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? $\Box$ yes $\Box$ no What is your primary language? \_\_\_\_\_ Other languages spoken\_\_\_\_\_ What school do you attend? Field of study Are you a Leo club member? ues no Do you smoke? ves no Health condition \_\_\_\_\_ (a doctor's certificate may be required.) Health/dietary requirements? \_\_\_\_\_ Hobbies/interests/sports \_\_\_\_\_ Religion (optional) B. Destination preferences \_\_\_2nd \_\_\_\_\_\_\_\_3rd \_\_\_\_\_\_\_ 1st \_\_\_\_\_

## C. Agreement to Terms of Program

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

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 hist country. Any serious violation of the program's policies on my part can, at the discretion of the hist Lions officer, result in the immediate termination of my visit at my expense.

to

 $\square$  rural area  $\square$  small city  $\square$  large city  $\square$  no preference

Signature	Date _	

## II. To Be Completed by Parents/Guardian

A.	Father's Name				Occupation		
	Address						
	City				State		
	Country				Postal Code		
	Telephone		F	ax	E-Mail		
	Lions club member?	yes	no				
В.	Mother's Name				_Occupation		
	Address						
	City				State		
	Country				Postal Code		
	Telephone		F	ax	E-Mail		
	Lions club member?	□ yes	☐ no				
C.	Siblings? Names, age	es					
D.	Applicant must obtain traveler's insurance for the duration of the exchange covering medical care, property loss, trip cancella tion and repatriation.						
	Traveler's insurance:	Company na	ame				
		Policy Numb	oer				
		Telephone _					
		Address					
F	scribed 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						
			ı	II. En	dorsements		
A.	Sponsoring Lions Club						
	Club name				District		
	City		State/	province	eCountry		
	How was the applicant I have met the applica fied to participate in the	nt and his/her	parents. They		ly informed of the program's policies. I certify that the applicant is	 quali	
	Club president's name				Telephone		
	Signature				Date		
В.	Sponsoring District Y	outh Exchang	je Chairman				
	I have reviewed this ap	plication and g	jive it my endo	orsemer	nt.		
	Name				District		
	Signature				Date		
	Address						
					E-Mail		