



# LIONS CLUBS INTERNATIONAL

## MULTIPLE DISTRICT 19

### Youth Exchange Program – Electronic Travel Application



Last Name:	First Name:	Middle:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Street:	P.O. Box:		
City:	State/Province:	Country:	Postal/Zip Code:
<b>Note: The street address is required, add any mailing address required. Please give an E-mail address if you have one.</b>			
Home Phone:	E-mail:		
Birth Date: ( mm / dd / yyyy )	Age:	Place of Birth:	
Present Field of Study, or Occupation (High School Grade, University Term, Employment):			
Family Religion:	Hobbies or Special Interests (Activities you enjoy):		
Countries you would like to visit (in order of preference):	(1.)	(2.)	(3.)
Indicate the size of community you would prefer to visit:	Large City: <input type="checkbox"/>	Medium: <input type="checkbox"/>	Small: <input type="checkbox"/> Rural: <input type="checkbox"/> Comments:
Languages you speak or understand:			
Health (Allergies, handicaps, medication, special diets), state if there are none or provide details:	Do you smoke?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NOTE: Adequate medical, life, personal property and liability insurance is required. The MD19 YEP committee does not provide insurance coverage.</b>			
Please confirm that the youth is covered by Health and Accident Insurance: (The hosting Lions District may request evidence of insurance by way of a photocopy of the coverage.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Applicant:	Date:		

#### Family Information – Father:

Last Name:	First Name:	Middle:		
Address:	Home Phone:	Lion Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
City:	State/Province:	Country:	Postal/Zip Code:	
Occupation:	Work Phone:	E-mail:		

#### Family Information – Mother:

Last Name:	First Name:	Middle:		
Address:	Home Phone:	Lion Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
City:	State/Province:	Country:	Postal/Zip Code:	
Occupation:	Work Phone:	E-mail:		



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Financing of this travel:	Family: <input type="checkbox"/>	Sponsoring Lions Club: <input type="checkbox"/>	Contest Winner: <input type="checkbox"/>	Other: <input type="checkbox"/>
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Please provide name of contest, or brief explanation of "other":	
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Youth exchange is a reciprocal arrangement, would you be willing to host a youth in a future exchange?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signature of Parent or Guardian:		Date:	
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Signature of District YEP Chairperson:		Date:	
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Signature of Multiple District YEP Coordinator:		Date:	
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*Note: Complete Application in singular, this form can be photocopied by the YEP representative.*

*Family photo and a passport size photo of the youth must be attached or enclosed.*

**Application & Deposit Mailing Instructions:**

*In Canada, Mail completed application & \$500 deposit to: Lion Ron Silver, 2826 Gook Street, Quesnel, BC V2J 4J1 Canada*

*In USA, Mail completed application & \$500 deposit to: Lion Kathy Schumer, 1415 – 8<sup>th</sup> St. SE #145, Everett, WA 98208 U.S.A.*

**Sponsoring Lions Club:**

Name of Sponsoring Club:		District & Zone:	
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Club Signature:		Date:	
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Title:		<b>Note: Club signature should be President or Secretary to sponsor a youth to travel in the YEP.</b>
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Club Mailing Address:		Phone Number of above:	
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City:		State/Province:		Country:		Postal/Zip Code:	
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E-mail Address:		Club website:	
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**Indemnity Agreement**

**(Youth Name)**

We the parents or guardians of :  give permission for (him/her) to travel and remain at an approved place and for an approved period, living in a Lion’s or Lions approved home. We agree to relieve any Lions Club or host family, Lions Club, Lions Club District, or Lions International of any financial or other responsibility in the case of his/her illness or accidental injury or death.

We also agree that our youth will not be permitted to drive a motor vehicle while away under the Youth Exchange Program. Our child will return directly to his/her home at the completion of the designated exchange. We furthermore agree that the rules of the program will be complied with by our youth and by us. In the case of any major violation, we understand that our child will be returned to his/her home; additional travel costs will be our responsibility. In case of emergency, the host family is authorized to give our child any medical care or surgery required and prescribed by medical doctors.

**(Date of Birth)**

We confirm the date of birth as:

Signature of Parent or Guardian:	<input type="text"/>	Date:	<input type="text"/>
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Signed in the presence of District Chairperson or Club Officer:	<input type="text"/>	Date:	<input type="text"/>
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PLEASE AFFIX PHOTOGRAPHS BELOW (or send Digital photographs as attachments):

Affix Photo of Youth Here

Affix Family Snapshot Here



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**Letter to the Host Family**

Traveling Youth:

Please write a letter to your future host family below. Tell them about yourself, your family, your town or city, your hobbies, your studies, your plans for the future and anything else that you think might interest them. Be sure to mention if you have pets or if you like or dislike pets. This will be useful in matching you up with a host family. Thank you!