

Rotary District 1410 Short Term Program Exchange Student Application, 2026-27





1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)			Name You Wish to be Called		Sex
Lauri Juhani LEIRIVAIHTAJA			Lauri		Male
Home Address - Street	City, State, & Postal	Code		Country	
Vaihtokatu 10	Salo 24280		Finland		
Postal Address (if different) - Street/PO Box	City, State, & Postal C			Country	
E-mail Address lauri@leirivaihtaja.fi		Home Phone Number		Mobile Phone Number +358 44 1234567	
Place of Birth Salo, Finland		Date of Birth 2008-07	-07	Citizen of (Country) Finland	

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1		Rotarian?	If yes, name of Rotary Club	
Faija Leirivaihtaja		No		
Home Address - Street		City, State, & Postal Code	'	Country
Vaihtokatu 10		Salo 24280		
E-mail Address		Occupation		Skype ID
faija@faija.fi		Nurse		
Home Phone Number	Mobile Phone Number +358 40 1234567	Business Phone Number		WhatsApp (or fax)
Full Name of Parent/Legal Guardian #2			Rotarian?	If yes, name of Rotary Club
Mutsi Leirivaihtaja		No		
Home Address - Street		City, State, & Postal Code		Country
Vaihtokatu 10		Salo		Finland
		24280		
E-mail Address		Occupation		Skype ID
mutsi@mutsi.fi		Engineer		
Home Phone Number	Mobile Phone Number +358 50 1234567	Business Phone Number		WhatsApp (or fax)
In the event of an emergency, which parent or le	egal guardian should be contacted first?	Marital status of the parents		
Parent #2	Married to each	other		
If parents are separated or divorced, pro	ovide details of custody arrangement:	,		

3. Sending District and Rotary Club

Sending District Number 1410	Sending Rotary Club Uskela
Sending District Youth Exchange Chair Liisa Pressa	Sending Club Youth Exchange Officer Nipa Nuorisovaihtaja
District YE Chair's E-mail Address liisa@pressa.fi	Club YEO's E-mail Address camps-ib@rye.fi

Finnish-Estonian Multidistrict Page 1 of 4



Rotary District 1410 Short Term Program Exchange Student Application, 2026-27

Name: Lauri Juhani LEIRIVAIHTAJA

4. Personal Background

Religion	Private
Religious Requirements	None
Dietary Restrictions	I cannot eat eggs.
Do you smoke or use tobacco products?	If yes, please explain.
No	
Do you drink alcohol?	If yes, please explain.
No	
Have you ever used illegal drugs?	If yes, please explain.
No	

5. All Siblings (plus any other individuals living in the home)

Name	Relationship	Age	Occupation or School Grade	Lives Home?
Leila Leirivaihtaja	Brother/Sister	14	Pupil	Yes

Finnish-Estonian Multidistrict Page 2 of 4



Rotary District 1410 Short Term Program Exchange Student Application, 2026-27

Name: Lauri Juhani LEIRIVAIHTAJA

6. Languages

Native Language: Finnish		Prof	iciency in Non-Native Lang	guages
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing
English	9	Fluent	Fluent	Good
Swedish	5	Fair	Good	Fair
- Sweatsh				Tall

7. Alternative Emergency Contact in home country

Name Kalle Kehveli			Relationship Neighbor		
Home Address - Street Vaihtotie 10		City Salo		State/Prov	Postal Code 24280
E-mail Address kalle@kehveli.fi					
Home Phone	Business Phone	Mobile Phone +358 41 12345	567		

Finnish-Estonian Multidistrict Page 3 of 4



Rotary District 1410 Short Term Program Exchange Student Application, 2026-27

Name: Lauri Juhani LEIRIVAIHTAJA

8. Student's Letter

Copy-paste student letter here (max 6000 characters).

Finnish-Estonian Multidistrict Page 4 of 4



Rotary Youth Exchange - Short-Term Exchange Program

Rotary District: 1410		
Applicant's Full Name (First/Last):	Date of Birth (DD-MON-YEAR)	: Sex (Female/Male
Lauri Leirivaihtaja	07-Jul-2008	M
Health Information		YES NO
Do you have any mental health/medical/dent	tal conditions ?	
Have you been treated for mental health/med	dical conditions in the past two years ?	
Have you taken any prescribed medications i	n the past 6 months ?	
Do you have any special health requirements	s (disabilities, allergies etc.) ?	
	ove please explain fully in the space below proof any medication and the reason prescribed a f paper if necessary.	
I am allergic to eggs.		



Rotary District 1410 Short Term Program, 2025-26 Sponsor Endorsements

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) Name You				Name You Wish to be Called		Sex
Lauri Juhani LEIRIVAIHTARI		Lat	Late		Male	
Home Address - Street City & State/Province		'	Postal Code & Country		e & Country	
Vaihtokatu 10	Salo		24280			
				Finla	nd	
E-mail Address		Home Phone Number		Mobile Phone Nur	nber	
torsti.poutanen@kolumbus.fi					+3584455	55555
Place of Birth		Citizen of (Country) D		Date of Birth		
Salo, Finland		Finland 20		2006-07-	09	

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District Number 1410	Sponsor Club ID Number 9969	Sponsor Rotary Club Name Uskela		
Sponsor District Yo	uth Exchange Chair	Sponsor Club President	Sponsor Club Youth Exchange Officer	
Name		Name	Name	
Liisa Pressa		Liisa Pressa	Nipa Nuorisovaihtaja	
E-mail Address		E-mail Address	E-mail Address	
liisa@pressa.fi		liisa@pressa.fi	camps-ib@rye.fi	
Street Address		Street Address	Street Address	
Pressantie 13		Pressantie 13	Nipantie 10	
City, State, Postal Code		City, State, Postal Code	City, State, Postal Code	
Salo, 24280		Salo, 24280	Salo, 24280	
Phone Number		Phone Number	Phone Number	
+358443333333		+358443333333	+358442222222	
Signature (in blue ink)		Signature (in blue ink)	Signature (in blue ink)	
disa Pr	essa	disa Pressa	Nipa Municountry	
Date Signed (e.g., 2021-01-25	or 25-Jan-2021)	Date Signed (e.g., 2021-01-25 or 25-Jan-2021)	Date Signed (e.g., 2021-01-25 or 25-Jan-2021)	
27/Jul/2023		2023-11-28	2023-11-30	



Applicant's Name	Lauri Leirivaihtari
Rotary District No.	1410

Fill these boxes before signing.

Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange student sponsored 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 student's 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

- 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 student 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.
- You are not allowed to possess or use illegal drugs.
 Legal medications that are prescribed to you by a physician are 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. Excessive consumption and drunkenness is forbidden.
- 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) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.

- 9) You must have health and accident or travel insurance that provides coverage for accidental injury and illness, 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 in consultation with the sending Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 10) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sending Rotary club or district.
- 11) 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.
- 12) 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 your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 13) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 14) Any costs related to an early return home or any other unusual costs are the responsibility of you and your parents or legal guardians.
- 15) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 16) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 17) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 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.
- Make an effort to learn the basics of the language of the host country.
- 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.
- 4) 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.
- 5) 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	Lauri Leirivaihtari
Rotary District No.	1410

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability Rotarians, Rotarians' spouses, partners, and other volunteers must safeguard the children and young people they come in contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify Rotary International, the Rotary Club and Rotary District, all host parents and members of their families, and all members, officers, directors, committee members, chaperones 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 applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I 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.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

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

Privacy statement

If you are accepted into the Rotary Short-Term Program, this application and the information contained within will be shared with various Rotary related entities including the sponsor district and club where you live, the district and club that will be hosting your exchange. This information may also be shared with others associated with administering the program including exchange counselors and host families. To correct or delete any personal information, please contact the Chairperson of your Rotary Sponsor District.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application page 3 'Health Information'.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, 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 overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/l authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required
 by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency
 treatment need not be delayed providing such notice.
- In the case of elective surgery, we/I request that we/I be notified, and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency regardless of final outcome.

We agree to assume all financial obligations for any medical treatment rendered (whether or not covered by insurance).

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

Signed (Applicant)	Signed (Parent 1#/Guardian)	Signed (Parent 2#/Guardian)
Laceri Leinvaillai	Fasi doilirechlai	Muka Leinvaihtani
Witness (Sending Rotary club representative)	Signed (Witness)	Date (YYYY-MM-DD)
Nipa Nuorisovaihtaja	Nipa Musicaccilitain	2023-12-01



Applicant's Name	Lauri Leirivaihtari
Rotary District No.	1410

CONSENT TO USE OF PERSONAL DATA, IMAGES AND RECORDINGS

- For the purposes of this policy the term 'Rotary' applies to Rotary multi-districts and districts and clubs
 participating in the youth exchange programme as sponsors or hosts to exchange students.
 Rotary will collect and process and use your personal data to coordinate your exchange with international
 exchange partners, schools and government agencies and to facilitate your participation in Rotary Youth
 Exchange activities at home and abroad.
 - Rotary may need to disclose your medical information in compliance with local privacy laws to verify your eligibility for medical treatment.
 - Rotary will retain your contact details. Digital copies of your personal data will be retained on a secure database. Five years after the end of your exchange this data will be transferred to an archive within a database which allows access only when required by law or as authorised by the Data Protection Officer.
- 2. I consent to anyone associated with the Rotary Youth Exchange programme (including Rotarians, host family members, and agents of the programme) recording my voice and image by any means ("Recordings").
- 3. I grant "Rotary" the right free of charge to use, copy, display, modify, distribute, publish and license the "Recordings" for promotional, marketing and educational purposes. I understand that this could include use on websites, in publications, via streaming and in social media. I agree that "Rotary" may retain the "Recordings" for historical and research purposes. I understand that at any time I can revoke my consent and that my "Recordings" be deleted.

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

Signed (Applicant)	Signed (Parent 1#/Guardian)	Signed (Parent 2#/Guardian)
Laceri Leinvaillai	Fasi do niverblan	Mukai Leavanhani
Date (YYYY-MM-DD)		
2023-12-01		



Applicant's Name	Lauri Leirivaihtari
Rotary District No.	1410

Supplemental Information

Applicant's Personal Background

Please answer the following questions:

What are your free time activities?
Write your answer here.
What are your school, college or university education attainments and vocation?
Write your answer here.
What are your special interests, skills and accomplishments?
Write your answer here.
Could you contribute to entertainment (e.g. play musical instrument etc.)?
Write your answer here.
Time your anoner here.
What is the reason for your program participation (e.g. choice of specific youth camp)?
Write your answer here.
Other personal remarks.
Write your answer here.

