



Finnish-Estonian Multidistrict Rotary District 1410 Long Term Program Exchange Student Application, 2024-25

Name: Ville Matias VUOSIVAIHTARI

1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) Ville Matias VUOSIVAIHTARI		Name You Wish to be Called Ville		Sex Male
Home Address - Street Vuosivaihtotie 1	City Salo	State/Prov	Postal Code 24280	Country Finland
Postal Address (if different) - Street/PO Box	City	State/Prov	Postal Code	Country
E-mail Address torsti.poutanen@kolumbus.fi		Home Phone Number		Mobile Phone Number +358401234567
Place of Birth Salo, Finland		Citizen of (Country) Finland		Date of Birth 2007-07-09

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1 Faija Vuosivaihtari		Rotarian? No	If yes, name of Rotary Club	
Address - Street Vuosivaihtotie 1	City Salo	State/Prov	Postal Code 24280	Country Finland
E-mail Address faija@faija.fi		Home Phone Number		Mobile Phone Number +358407654321
Occupation Nurse		Business Phone Number		WhatsApp (or fax)
Full Name of Parent/Legal Guardian #2 Mutsi Vuosivaihtari		Rotarian? No	If yes, name of Rotary Club	
Address - Street Vuosivaihtotie 1	City Salo	State/Prov	Postal Code 24280	Country Finland
E-mail Address mutsi@mutsi.fi		Home Phone Number		Mobile Phone Number +358441234567
Occupation Engineer		Business Phone Number		WhatsApp (or fax)
In the event of an emergency, which parent or legal guardian should be contacted first? Parent #1		Marital status of the parents Married to each other		
If parents are separated or divorced, provide details of custody arrangement: N/A				

3. Sponsor District and Rotary Club

Sponsor District Number 1410		Sponsor Rotary Club Uskela		
Sponsor District Youth Exchange Chair Liisa Pressa		Sponsor 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		
District YE Chair's Home Phone	District YE Chair's Cell Phone +358443333333	Club YEO's Home Phone	Club YEO's Cell Phone +358442222222	

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Name: Ville Matias VUOSIVAIHTARI

4. Personal Background

Religion	Lutheran
Dietary Restrictions	Allergic to nuts
Do you smoke or use tobacco products? No	If yes, please explain.
Do you drink alcohol? No	If yes, please explain.
Have you ever used illegal drugs? No	If yes, please explain.
Do you have a steady boy/girlfriend? No	If yes, how long have you been together, and how often do you go out?

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

Name	Relationship	Age	Occupation or School Grade	Lives Home?
Veera Vuosivaihtari	Brother/Sister	20	Student	Yes

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Name: Ville Matias VUOSIVAIHTARI

6. Secondary School Information

Name of Secondary School You Currently Attend Halikko Upper Secondary School					
School Website Address www.salo.fi					
Street Address Kuruntie 30		City Salo	State/Prov	Postal Code 24800	Country Finland
Number of grades/levels at your school 12	Your current grade level (e.g., 10th, 11th) 10	Month and year you expect to graduate June, 2027		No. of years you've attended this school 1	
List the courses you are currently taking Math, English, Swedish, Sport, Arts, Geography					
Total number of students at your school 200		Number of students in your grade level 70		Your approx. class ranking (e.g., top 10%, 12th of 56) top 10%	
Name and title of school official or counselor that you consulted Outi Opo, Student counsellor			E-mail address of school official or counselor opo@opo.fi		

7. Languages

Native Language: Finnish		----- Proficiency in Non-Native Languages -----		
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing
English	9	Fluent	Fluent	Good
Swedish	5	Fair	Good	Fair

8. Alternative Emergency Contact in Home Country

Name Kalle Kehveli		Relationship Neighbor		
Home Address - Street Vuosivaihtotie 3		City Salo	State/Prov	Postal Code 24280
E-mail Address kehveli@kehlevi.fi		Home Phone	Business Phone	Mobile Phone +358501234567

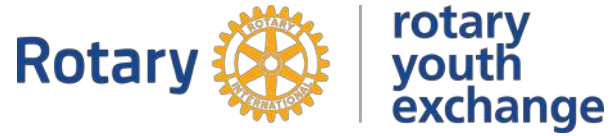


**Finnish-Estonian Multidistrict
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Name: Ville Matias VUOSIVAIHTARI

9. Student's Letter

My student letter is here (max 6000 characters).



**Finnish-Estonian Multidistrict
Rotary District 1410 Long Term Program
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Name: Ville Matias VUOSIVAIHTARI

10. Parent's Letter

My parent letter is here (max 6000 characters).

**Finnish-Estonian Multidistrict
Rotary District 1410 Long Term Program
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Name: Ville Matias VUOSIVAIHTARI

11. Photos

My Family



My family. Tell who are in the picture.

My Special Interest



My special interest. Explain in short.

Something Important to Me



Something important to me. Explain the content.

My Home



My home. Explain.



Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student’s life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Fill in personal data in pdf. Sponsor District Instructions for required copies and signatures. Print specified number of completed copies. Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH) Ville Matias VUOSIVAIHTARI		Date of Birth (YYYY-MM-DD) 2007-07-09		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street Vuosivaihtotie 1		City Salo	State/Province	Postal Code 24280
E-mail Address torsti.poutanen@kolumbus.fi		Home Phone Number		Mobile Phone Number +358401234567
				Country Finland

Medical History

1. How long has the applicant been Medical Doctor fills from here

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

	Yes	No		Yes	No
a. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	n. Liver disease/hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
b. Anorexia/bulimia/other eating disorder*	<input type="checkbox"/>	<input type="checkbox"/>	o. Malaria	<input type="checkbox"/>	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	p. Menstrual disorders	<input type="checkbox"/>	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	q. Mental disorders*	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	r. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. Attention deficit disorder*	<input type="checkbox"/>	<input type="checkbox"/>	s. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	t. Serious headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	u. Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	v. Typhoid fever	<input type="checkbox"/>	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	w. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	x. Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	y. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	z. Visual problems – other	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the applicant:

	Yes	No
a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken any prescribed medication in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
c. *Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?	<input type="checkbox"/>	<input type="checkbox"/>
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?	<input type="checkbox"/>	<input type="checkbox"/>
f. Had excessive weight gain or loss recently?	<input type="checkbox"/>	<input type="checkbox"/>
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	<input type="checkbox"/>	<input type="checkbox"/>
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	<input type="checkbox"/>	<input type="checkbox"/>
j. Suffered weakness of neurological or muscular skeletal system?	<input type="checkbox"/>	<input type="checkbox"/>
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice): (none)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):
***Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician**

Question (e.g., 2e)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Dates and duration



Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

4. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not). Use Part 5 comments for other details.			
Measles (rubeola) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Hepatitis (if so, see comments) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Whooping cough (pertussis) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____
Rubella (German measles) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Varicella (Chicken Pox) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Scarlet fever <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Other: Covid-19 <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____

5. Immunization Information <i>(may be completed by medical records, nursing or appropriate personnel and verified by physician)</i>							
<i>Please verify that these ISO format dates match the official source documents provided in "Section C-2: Immunization Records/Certification copies"</i>							
The applicant has been immunized against the following diseases:	Dates of immunizations <i>(clearly state the dates of ALL doses received in ISO format (YYYY-MM-DD) Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/or school may require additional immunizations.</i>						
	1st	2nd	3rd	4th	5th	6th	7th
Diphtheria							
Pertussis (whooping cough)							
Tetanus							
Rubella (German measles)							
Mumps							
Measles (rubeola)							
Polio <input type="checkbox"/> Sabin TOPV (3 or more) <input type="checkbox"/> Salk IPV (4 or more)							
Varicella (Chicken Pox/Shingles)							
Hepatitis B							
Hepatitis A							
Yellow Fever							
Japanese Encephalitis							
Meningococcal Meningitis							
Typhoid							
Covid-19 <small>Manufacturer or Name:</small>							
Others (specify):							
Additional Comments: <i>(Examples: Other Covid-19 vaccine manufacturer(s) for later doses, hepatitis lab test results, other immunizations, vaccine adverse reactions)</i>							

6. Tuberculosis screening: The applicant must present evidence of recent TB screening (within 3 months of examination date) by skin test or blood test.
Date of screening (YYYY-MM-DD) _____ Result/diagnosis: _____ Method: <input type="checkbox"/> TB Skin test (TST) <input type="checkbox"/> TB Blood test (IGRA)
<i>Please document any BCG vaccine dose(s), diagnostic studies or treatments related to tuberculosis not included in above immunizations or comments</i>
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Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

7. Will the applicant be bringing any prescribed medication on the exchange? Yes No
 If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency and reason for use

Prescribed Medication	Dose/Frequency	Reason for Use

Physical Examination

Date: (yyyy-mm-dd)	Height: (cm)	Weight: (kg)	Blood Pressure: Systolic (mmHg)	Diastolic	Pulse: (rate/minute)
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8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No
Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	Heart (murmur, rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (muscles)	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal system	<input type="checkbox"/>	<input type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
			Genitalia (external)	<input type="checkbox"/>	<input type="checkbox"/>			
						Abdomen (mass)	<input type="checkbox"/>	<input type="checkbox"/>
						Skin	<input type="checkbox"/>	<input type="checkbox"/>
						Rectal	<input type="checkbox"/>	<input type="checkbox"/>
						Not done (See below)		

Rectal exam is not required if bowel history and abdominal exam are normal. For any "YES" (abnormal) in part 8, above, please provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top of each page).

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if additional pages are attached, please check here). I find the applicant:

In good health and not suffering from any mental or medical condition(s) that would preclude participation in the Rotary Youth Exchange program.

Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice Yes No

Physician address, phone, fax and E-mail !!!! Medical Doctor signs and dates here !!!!	Physician Name
	Physician Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD)

Parent and Applicant Declaration:

- We/I hereby confirm:
- that the Medical Sections C-1 and C-2 with Dental Section D include ALL the health information known to us/me. Incomplete Medical or Dental Sections may lead to an early termination of the exchange.
 - that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
 - that if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.
 - I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parents to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

Parent/Legal Guardian #1 Signature: Name: Faija Vuosivaihtari Date: 2023-12-01	Applicant Signature: Name: Ville Matias VUOSIVAIHTARI Date: 2023-12-01
Parent/Legal Guardian #2 Signature: Name: Mutsi Vuosivaihtari Date: 2023-12-01	This form provides for authenticated digital signatures by clicking on signature fields. Basic electronic signatures are applied instead using Fill & Sign Tool <u>without clicking on signature field</u> . Leave signature fields empty to print and apply ink signature for scanned copies. Doing all signatures the same way is usually best, but ink and basic electronic signatures can be mixed. Follow RYE Sponsor District instructions regarding suitable signatures for this application.

Letter(s) of explanation from treating physician(s), if any, and separate pages for any abnormal physical findings are to be appended following this page.

Sponsor District: 1410

Applicant Name: Ville Matias VUOSIVAIHTARI

Fill in district number before dentist exam



Rotary Youth Exchange – Long-Term Exchange Program

Section D: Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student’s dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Fill in personal data before dentist exam

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH) Ville Matias VUOSIVAIHTARI		Date of Birth (YYYY-MM-DD) 2007-07-09		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Home Address – Street Vuosivaihtotie 1		City Salo		State/Province	Postal Code 24280
Email Address torsti.poutanen@kolumbus.fi		Home Phone Number		Mobile Phone Number +358401234567	
				Country Finland	

Dental Examination Date (YYYY-MM-DD):

Dentist fills in from here on.

1. Is the applicant in good dental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant require dental work at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you foresee the applicant requiring any dental work while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain below (use space at bottom or additional pages if needed):

Enter any additional comments below. If additional pages are necessary, attach them and please check here

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist address, phone, fax and E-mail !!!! Dentist signs and dates here !!!!	Dentist Name
	Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign) Click below only for digital signature
	Date (YYYY-MM-DD)

Finnish-Estonian Multidistrict

Rotary District 1410 Long Term Program, 2024-25

Student, Parent, & Sponsor Endorsements

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) Ville Matias VUOSIVAIHTARI		Name You Wish to be Called Ville	Sex Male
Home Address - Street Vuosivaihtotie 1	City & State/Province Salo	Postal Code & Country 24280 Finland	
E-mail Address torsti.poutanen@kolumbus.fi	Home Phone Number	Mobile Phone Number +358401234567	
Place of Birth Salo, Finland	Citizen of (Country) Finland	Date of Birth 2007-07-09	

(A) APPLICANT GUARANTEE I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; and (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, and provide an emergency fund, if required by the host district, under control of the host Rotary club/district, to be returned at completion of the exchange if not used; (5) attend all orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is

The Undersigned APPLICANT and PARENTS/GUARDIANS hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school.

Ville Vuosivaihtari, Applicant (sign here in blue ink) <i>Ville Vuosivaihtari</i>		Date (e.g., 2021-01-25) 2023-12-01
Same dates in all 4 boxes !!		
Faija Vuosivaihtari, Parent/Guardian (sign here in blue ink) <i>Faija Vuosivaihtari</i>	Date (e.g., 2021-01-25) 2023-12-01	Phone: +358407654321 E-mail: faija@faija.fi
Mutsi Vuosivaihtari, Parent/Guardian (sign here in blue ink) <i>Mutsi Vuosivaihtari</i>	Date (e.g., 2021-01-25) 2023-12-01	Phone: +358441234567 E-mail: mutsi@mutsi.fi
Witness - Sponsor Club Representative (sign here in blue ink) <i>Nipa Nuorisovaihtaja</i>	Date (e.g., 2021-01-25) 2023-12-01	Phone: +358441234567 E-mail: camps-ib@rye.fi

(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 Youth Exchange Chair	Sponsor Club President	Sponsor Club Youth Exchange Officer
Name Liisa Pressa	Name Liisa Pressa	Name Nipa Nuorisovaihtaja
E-mail Address liisa@pressa.fi	E-mail Address liisa@pressa.fi	E-mail Address camps-ib@rye.fi
Street Address Pressantie 13	Street Address Pressantie 13	Street Address Nipantie 10
City, State, Postal Code Salo, 24280	City, State, Postal Code Salo, 24280	City, State, Postal Code Salo, 24280
Phone Number +358443333333	Phone Number +358443333333	Phone Number +358442222222
Signature (in blue ink) <i>Liisa Pressa</i>	Signature (in blue ink) <i>Liisa Pressa</i>	Signature (in blue ink) <i>Nipa Nuorisovaihtaja</i>
Date Signed (e.g., 2021-01-25 or 25-Jan-2021) 26/Jul/2023	Date Signed (e.g., 2021-01-25 or 25-Jan-2021) 2023-11-28	Date Signed (e.g., 2021-01-25 or 25-Jan-2021) 2023-11-30

Finnish-Estonian Multidistrict

Rotary District 1410 Long Term Program, 2024-25

Host Club, District, & School Endorsements (Guarantee Form)

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) Ville Matias VUOSIVAIHTARI		Date of Birth 2007-07-09	Sex Male
Place of Birth Salo, Finland	Country of Citizenship Finland	Country of Residence Finland	

(A) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary Club and District events and activities typical of the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary Club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection, and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country		Host Club Name		Host Club ID #	
Host District	Monthly Allowance	Arrival Airport in Host Country		Airport Code	Arrival Date(s)
Name of District Youth Exchange Chair		Name of Host Club President		Name of Host Club Youth Exchange Officer	
Email Address of District Youth Exchange Chair		Email Address of Host Club President		Email Address of Club Youth Exchange Officer	
Signature of District Youth Exchange Chair		Signature of Host Club President		Signature of Club Youth Exchange Officer	
Date (e.g., 2021-01-25)	Phone Number	Date (e.g., 2021-01-25)	Phone Number	Date (e.g., 2021-01-25)	Phone Number

(B) HOST CLUB COUNSELOR

Name		Email Address			
Street Address		City	State/Province	Postal Code	Country
Home Phone Number	Business Phone Number		Mobile Phone Number		

(C) SCHOOLING GUARANTEE

(To be completed by the school the applicant will attend in host country) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant or his/her parents/guardians.

Name of School		Phone Number	Fax Number	Date School Starts	
Street Address		City	State/Province	Postal Code	Country
Affix School Stamp or Official Seal	Name and Title of School Official		Email Address		
	Signature (in blue ink)		Date (e.g., 2021-01-25)		

(D) FIRST HOST FAMILY

Name of Host Parent #1		Email Address	Business Phone	Mobile Phone	
Name of Host Parent #2		Email Address	Business Phone	Mobile Phone	
Street Address		City	State/Province	Postal Code	Country
Home Phone Number	Names and Ages of any Other Adults (18 years of age or older) in the Home				



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

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

- 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 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.
- 3) 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.
- 7) 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) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
- 9) 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.
- 10) You must attend school regularly and make an honest attempt to succeed.
- 11) 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 sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 12) 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 sponsor Rotary club or district.
- 13) 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.
- 14) 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.
- 15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 16) 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.
- 17) 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.
- 18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 19) 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

- 1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
- 2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 3) Learn ahead of time as much of the language of your host country as possible and use the language regularly. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
- 4) Attend Rotary-sponsored events and host family events and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join in.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 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.



**Rotary Youth Exchange – Long-Term Exchange Program
Section G: Rules, Attestations, Permissions, Releases & Consents**

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’ partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and emotional abuse.
Adopted by the Rotary International Board of Directors, October 2019

ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

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 sponsor 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.

Same dates in 4 places !!!

Applicant (full legal name) Ville Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Ville Vuosivaihtari</i>
Parent/Legal Guardian #1 (full legal name) Faija Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Faija Vuosivaihtari</i>
Parent/Legal Guardian #2 (full legal name) Mutsi Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Mutsi Vuosivaihtari</i>
Witnessed in the presence of Sponsor Club/District Representative (name and title) Nipa Nuorisovaihtaja, YEO	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Nipa Nuorisovaihtaja</i>

Fill-in names+sign dates

LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.

IN CONSIDERATION of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively “RYE program”)

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

Same dates in 4 places !!!

Applicant (full legal name) Ville Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Ville Vuosivaihtari</i>
Parent/Legal Guardian #1 (full legal name) Faija Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Faija Vuosivaihtari</i>
Parent/Legal Guardian #2 (full legal name) Mutsi Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Mutsi Vuosivaihtari</i>
Witnessed in the presence of Sponsor Club/District Representative (name and title) Nipa Nuorisovaihtaja, YEO	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Nipa Nuorisovaihtaja</i>

Fill-in names+sign dates


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 pages 'Section C: Medical History and Examination,' acquired in the course of the examinations by the physician and the dentist.

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/I 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.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- 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 to provide such notice.
- Permission is granted for immunizations required for school registration.
- 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 situation regardless of final outcome.

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

Same dates in 4 places !!!

Applicant (full legal name) Ville Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Ville Vuosivaihtari</i>
Parent/Legal Guardian #1 (full legal name) Faija Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Faija Vuosivaihtari</i>
Parent/Legal Guardian #2 (full legal name) Mutsi Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Mutsi Vuosivaihtari</i>
Witnessed in the presence of Sponsor Club/District Representative (name and title) Nipa Nuorisovaihtaja, YEO	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Nipa Nuorisovaihtaja</i>

Fill-in names+sign dates


Rotary International Privacy Statement

If you are accepted into the long-term Rotary youth exchange program, this application and the information contained within will be shared with various Rotary related entities including the district and club where you live, the district and club that will be hosting your exchange and Rotary International. This information may also be shared with others associated with administering the program including exchange counselors and host families. Rotary International will only use the information for core business purposes.

To correct or delete any personal information, please contact Rotary at youthexchange@rotary.org

January 2018

CONSENT TO USE OF PERSONAL DATA, IMAGES AND RECORDINGS

1. I consent to Rotary International, sponsoring and hosting Rotary Youth Exchange multi-districts, sponsoring and hosting Rotary districts, and sponsoring and hosting Rotary clubs (collectively "RI") participating in the Rotary Youth Exchange program collecting, processing, using and disclosing my personal data including medical information in compliance with local privacy laws to verify my eligibility, to coordinate my exchange with international exchange partners, schools, and government agencies and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.
2. "RI" may retain information on how to contact me. Digital copies of my personal data will be retained in a secure database. Five years after completion of my exchange this data will be transferred to an archive within a database which allows access only when required by law or authorized by the data protection officer.
3. I consent to anyone associated with the Rotary Youth Exchange program (including Rotarians, host family members, and agents of the program) recording my voice and image by any means ("Recordings").
4. I grant "RI" the irrevocable and worldwide right free of charge to use, copy, display, modify, distribute, publish and license the Recordings, my image, statements, name, and voice 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 RI may retain the Recordings and my personal information for historical and research purposes.

Applicant (full legal name) Ville Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Ville Vuosivaihtari</i>
Parent/Legal Guardian #1 (full legal name) Faija Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Faija Vuosivaihtari</i>
Parent/Legal Guardian #2 (full legal name) Mutsi Vuosivaihtari	Date (YYYY-MM-DD) 2023-12-01	e-Signature (or ink on paper) - click only for digital signature <i>Mutsi Vuosivaihtari</i>

Fill-in names+sign dates

Instructions: Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian of the student.

Finnish-Estonian Multidistrict **Outbound Applicant Referral**

Page: 1
08/02/23 03:20
WWW

Reference Provider

Name: Outi Opo
E-mail Address: torsti.poutanen@kolumbus.fi
Phone: +358441234567

Date Submitted

08/02/2023

Outbound Applicant

Name: Vuosivaihtari, Ville
Home Address: Vuosivaihtotie 1
City/St/Zip: Salo 24280
Home Phone:
Cell Phone: +358401234567
E-mail Address: torsti.poutanen@kolumbus.fi
School: Halikko Upper Secondary School, Grade 10
Sponsor Club: Uskela Rotary Club, District 1410

Evaluation

1. How long have you known this student?

1 year

2. In what capacity do you know this student?

I am his student counsellor

3. Please evaluate the student's creative, original thought:

- Excellent
- Good
- Fair
- Poor
- No Basis

4. Please evaluate the student's independence and initiative:

- Excellent
- Good
- Fair
- Poor
- No Basis

5. Please evaluate the student's intellectual ability:

- Excellent
- Good
- Fair
- Poor
- No Basis

6. Please evaluate the student's emotional stability:

- Excellent
- Good
- Fair
- Poor
- No Basis

Finnish-Estonian Multidistrict **Outbound Applicant Referral**

Page: 2
08/02/23 03:20
WWW

7. Please evaluate the student's academic achievement:

- Excellent
- Good
- Fair
- Poor
- No Basis

8. Please evaluate the student's openness to new ideas:

- Excellent
- Good
- Fair
- Poor
- No Basis

9. Please evaluate the student's flexibility and adaptability:

- Excellent
- Good
- Fair
- Poor
- No Basis

10. Please evaluate the student's ability to communicate:

- Excellent
- Good
- Fair
- Poor
- No Basis

11. Please evaluate the student's potential for growth:

- Excellent
- Good
- Fair
- Poor
- No Basis

12. Please evaluate the student's disciplined habits:

- Excellent
- Good
- Fair
- Poor
- No Basis

13. Please evaluate the student's participation:

- Excellent
- Good
- Fair
- Poor
- No Basis

14. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language?

Finnish-Estonian Multidistrict
Outbound Applicant Referral

- Yes
- No

15. Do you believe the applicant's parents/guardians support his/her wish to spend time abroad?

- Yes
- No

16. In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I:

- Strongly Recommend
- Recommend
- Have No Opinion
- Do Not Recommend
- Very Not Recommended

17. Please add some comments to assist Rotary in evaluating this student's suitability:

xxxxxxxxxxxxxxxxxxxxxx

**PERUSOPETUKSEN PÄÄTTÖTODISTUS**

Oppilaan nimi

Testi Oppilas

Henkilötunnus

010111A002Ä

Oppilaan opinto-ohjelma	Vuosiviikko- tuntimäärä	Arvio	
Äidinkieli ja kirjallisuus			
Suomen kieli ja kirjallisuus	10	kiitettävä	9
Ilmaisutaito, lyhytkurssi	1	hyväksytty	
Toinen kotimainen kieli			
Ruotsi, B1-oppimäärä	4	kiitettävä	9
Vieras kieli			
Englanti, A1-oppimäärä	7	hyvä	8
Matematiikka	11	*hyvä	*8
Biologia	3,5	hyvä	8
Maantieto	3,5	hyvä	8
Fysiikka	3,5	tyytyttävä	7
Kemia	3,5	tyytyttävä	7
Terveystieto	3	hyvä	8
Uskonto/Elämänkatsomustieto	3	hyvä	8
Historia	4	kohtalainen	6
Yhteiskuntaoppi	3	tyytyttävä	7
Musiikki	6	erinomainen	10
Kuvataide	2	hyvä	8
Piirtäminen ja maalaus	1	hyväksytty	
Käsityö	4	kiitettävä	9
Liikunta	7	hyvä	8
Kotitalous	3	hyvä	8
Soveltavat valinnaiset aineet			
Taloustaito	2	kiitettävä	9
Tieto- ja viestintätekniikka	1	hyväksytty	

Oppilaan opinto-ohjelmaan on kuulunut oppilaanohjausta ja työelämään tutustumista.

Lisätietoja: Oppilas on opiskellut tähdellä merkityt (*) oppiaineet yksilöllisen oppimäärän mukaan.

Koulun opetuskieli: suomi

Kontiolahdella, kesäkuun 5. päivänä 2021

koulun leima

allekirjoitus
rehtori

Perusopetuksen oppimäärä sijoittuu tasolle kaksi kansallisessa tutkintojen ja muiden osaamiskokonaisuuksien viitekehyksessä ja eurooppalaisessa tutkintojen viitekehyksessä.

Arvosanat: erinomainen 10, kiitettävä 9, hyvä 8, tyydyttävä 7, kohtalainen 6, välttävä 5, hylätty 4, hyväksytty, osallistunut

Todistus on Opetushallituksen 10.2.2020 hyväksymien opetussuunnitelman perusteiden mukainen.


 CERTIFICATE OF PRIMARY EDUCATION
 PERUSOPETUKSEN PÄÄTTÖTODISTUS

YEARS 1-9

Oppilaan nimi

Testi Oppilas

Henkilötunnus

010111A002Ä

Oppilaan opinto-ohjelma	HOURS/WEEK Vuosiviikko- tuntimäärä	GRADE Arvio	
Äidinkieli ja kirjallisuus FINNISH & LITERATURE			
Suomen kieli ja kirjallisuus	10	kiitettävä	9 EXCELLENT
Ilmaisutaito, lyhytkurssi	1	hyväksytty	
Toinen kotimainen kieli			
Ruotsi, B1-oppimäärä SWEDISH	4	kiitettävä	9
Vieras kieli			
Englanti, A1-oppimäärä ENGLISH	7	hyvä	8 GOOD
Matematiikka MATH	11	*hyvä	*8
Biologia BIOLOGY	3,5	hyvä	8
Maantieto GEOGRAPHY	3,5	hyvä	8
Fysiikka PHYSICS	3,5	tydyttävä	7 ACCEPTABLE
Kemia CHEMISTRY	3,5	tydyttävä	7
Terveystieto HEALTH EDUCATION	3	hyvä	8
Uskonto/Elämäkatsomustieto RELIGION	3	hyvä	8
Historia HISTORY	4	kohtalainen	6 FAIR
Yhteiskuntaoppi SOCIAL SCIENCE	3	tydyttävä	7
Musiikki MUSIC	6	erinomainen	10 OUTSTANDING
Kuvataide ARTS	2	hyvä	8
Piirtäminen ja maalaus	1	hyväksytty	
Käsityö HANDWORK	4	kiitettävä	9
Liikunta SPORT	7	hyvä	8
Kotitalous COOKING	3	hyvä	8
Soveltavat valinnaiset aineet			
Taloustaito ECONOMICS	2	kiitettävä	9
Tieto- ja viestintäteknikka INFORMATION TECHNOLOGY	1	hyväksytty	ACCEPTED

Oppilaan opinto-ohjelmaan on kuulunut oppilaanohjausta ja työelämään tutustumista.

Lisätietoja: Oppilas on opiskellut tähdellä merkityt (*) oppiaineet yksilöllisen oppimäärän mukaan.

Koulun opetuskieli: suomi

Kontiolahdella, kesäkuun 5. päivänä 2021

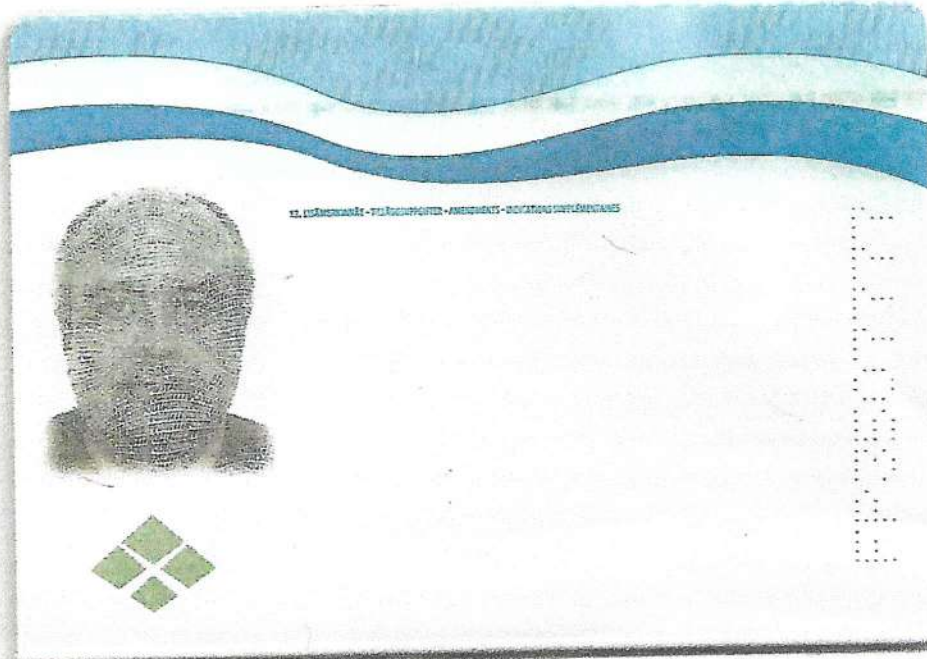
koulun leima

allekirjoitus
rehtori

Perusopetuksen oppimäärä sijoittuu tasolle kaksi kansallisessa tutkintojen ja muiden osaamiskokonaisuuksien viitekehyksessä ja eurooppalaisessa tutkintojen viitekehyksessä.

Arvosanat: erinomainen 10, kiitettävä 9, hyvä 8, tyydyttävä 7, kohtalainen 6, välttävä 5, hylätty 4, hyväksytty, osallistunut

Todistus on Opetushallituksen 10.2.2020 hyväksymien opetussuunnitelman perusteiden mukainen.



PASSI - PASS
PASSPORT - PASSEPORT

SUOMI • FINLAND • FINLAND • FINLANDE

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Suomi Finland Finland Finlande

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04.12.2019

04.12.2024

POLISI/LOUNAIS-SUOMI
POLISEN/SYDVÄSTRA FINLAND

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