



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

Name: Lauri Juhani LEIRIVAIHTARI

1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) Lauri Juhani LEIRIVAIHTARI		Name You Wish to be Called Late		Sex Male
Home Address - Street Vaihtokatu 10	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 +358445555555
Place of Birth Salo, Finland		Citizen of (Country) Finland		Date of Birth 2006-07-09

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1 Fatsi Leirivaihtari		Rotarian? No	If yes, name of Rotary Club	
Address - Street Vaihtokatu 10	City Salo	State/Prov	Postal Code 24280	Country Finland
E-mail Address fatsi@fatsi.fi		Home Phone Number		Mobile Phone Number +358405555555
Occupation Nurse		Business Phone Number		WhatsApp (or fax)
Full Name of Parent/Legal Guardian #2 Mutsi Leirivaihtari		Rotarian? No	If yes, name of Rotary Club	
Address - Street Vaihtokatu 10	City Salo	State/Prov	Postal Code 24280	Country Finland
E-mail Address mutsi@mutsi.fi		Home Phone Number		Mobile Phone Number +358446666666
Occupation Engineer		Business Phone Number		WhatsApp (or fax)
In the event of an emergency, which parent or legal guardian should be contacted first? Parent #2		Marital status of the parents Never Married		
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	

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

Name: Lauri Juhani LEIRIVAIHTARI

4. Personal Background

Religion	Lutheran
Dietary Restrictions	I cannot eat dairy products
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?
Teppo Leirivaihtari	Brother/Sister	10	Pupil	Yes
Linnea Vuosivaihtari	Brother/Sister	20	Student	No

**Finnish-Estonian Multidistrict
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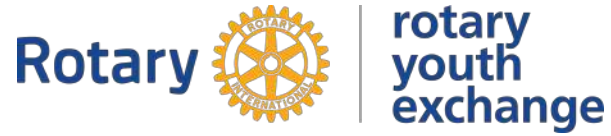
Name: Lauri Juhani LEIRIVAIHTARI

6. 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

7. Alternative Emergency Contact in Home Country

Name Heikki Hätä		Relationship Family friend		
Home Address - Street Vaihtokatu 20		City Salo	State/Prov	Postal Code 24280
E-mail Address hata@hata.fi		Home Phone	Business Phone	Mobile Phone +35840777777



**Finnish-Estonian Multidistrict
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8. Student's Letter

My student letter is written here (max 6000 characters) ...

Rotary Youth Exchange - Short-Term Exchange Program

Rotary District:

Applicant's Full Name (First/Last):

Date of Birth (DD-MON-YEAR):

Health Information

	YES	NO
Do you have allergies (nut, gluten, lactose, pets, etc.) ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have any mental health/medical/dental conditions ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been treated for mental health/medical conditions in the past two years ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you taken any prescribed medications in the past 6 months ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any special health requirements (disabilities) ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

I am allergic to nuts and cats.

Finnish-Estonian Multidistrict

Rotary District 1410 Short 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) Lauri Juhani LEIRIVAIHTARI		Name You Wish to be Called Late	Sex Male
Home Address - Street Vaihtokatu 10	City & State/Province Salo	Postal Code & Country 24280 Finland	
E-mail Address torsti.poutanen@kolumbus.fi	Home Phone Number	Mobile Phone Number +358445555555	
Place of Birth Salo, Finland	Citizen of (Country) Finland	Date of Birth 2006-07-09	

(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.

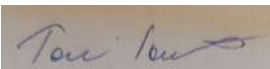
(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare; (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.

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 and live with the approved family in the case of Family-to-Family exchange or with the approved family/camp accommodation in the case of Camp exchange.

Lauri Leirivaihtari, Applicant (sign here in blue ink) <i>Lauri Leirivaihtari</i>		Date (e.g., 2021-01-25) 2023-12-01
Fatsi Leirivaihtari, Parent/Guardian (sign here in blue ink) <i>Fatsi Leirivaihtari</i>	Date (e.g., 2021-01-25) 2023-12-01	Phone: +358405555555 E-mail: fatsi@fatsi.fi
Mutsi Leirivaihtari, Parent/Guardian (sign here in blue ink) <i>Mutsi Leirivaihtari</i>	Date (e.g., 2021-01-25) 2023-12-01	Phone: +358446666666 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: +358403333333 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) 	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) 04/Aug/2023	Date Signed (e.g., 2021-01-25 or 25-Jan-2021) 2023-11-30	Date Signed (e.g., 2021-01-25 or 25-Jan-2021) 2023-11-29

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

- 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) 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

- 1) 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.
- 2) Make an effort to learn the basics of the language of the host country.
- 3) 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/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.
- 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) <i>Lauri Leirivaihtari</i>	Signed (Parent 1#/Guardian) <i>Fati Leirivaihtari</i>	Signed (Parent 2#/Guardian) <i>Musa Leirivaihtari</i>
Witness (Sending Rotary club representative) Nipa Nuorisovaihtaja	Signed (Witness) <i>Nipa Nuorisovaihtaja</i>	Date (YYYY-MM-DD) 2023-12-01


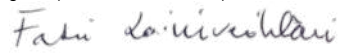

Fill-in witness and sign date. Esignatures are fine.

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.
- 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").
- 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) 
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:

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

