

District 4470**Short-Term Exchange Program****Personal Information**

*Before you begin your application, please read all instructions on the opposite page.*

**1. Applicant Information**

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)		Preferred Name	Gender
Renata CHIQUITELLI FRANCO DA SILVEIRA		Renata	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address — Street			
Rua Jacob Stábile, 129			
City	State/Province	Postal Code	Country
Birigui	SP	16.200 - 264	Brazil
Postal Address (if different) — Street			
City	State/Province	Postal Code	Country
Home Phone	Mobile Phone	E-mail	
+ 55 (18) 36423278	+ 55 (19) 98292622	rechiq@hotmail.com	
Date of Birth (e.g., 01/Jan/1999)	Place of Birth (City, State/Province, Country)	Citizen of (Country)	
03/Dez/ 1983	Birigui- SP	Brazil	

**2. Parent/Legal Guardian Information**

Full Name of Father/Legal Guardian				Full Name of Mother/Legal Guardian			
Rafael Franco da Silveira Júnior				Maria Sueli Chiquitelli Franco da Silveira			
Address — Street				Address — Street			
Rua Jacob Stábile, 129				Rua Jacob Stábile, 129			
City	State/Prov.	Postal Code	Country	City	State/Prov.	Postal Code	Country
Birigui	SP	16.200 - 264	Brazil	Birigui	SP	16.200- 264	Brazil
E-mail				E-mail			
rafa53@gmail.com				suelichiquitelli@gmail.com			
Home Phone		Mobile Phone		Home Phone		Mobile Phone	
+ 55 (18) 36423278		+ 55 (18) 97836860		+ 55 (18) 36423278		+55 (18) 97465163	
Occupation				Occupation			
Engineer				Bank employee (retired)			
Business Phone		Fax		Business Phone		Fax	
				-----		-----	
Rotarian? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, name of Rotary club: <u>Birigui</u>				If yes, name of Rotary club: _____			
<input type="checkbox"/> Check here if your parents are divorced or separated. Authorizations should be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation.							
Parent/legal guardian to contact first in the event of an emergency: <u>Rafael Franco da Silveira Junior</u>							

**3. Siblings (add pages as necessary)**

Name	Gender	Age	Occupation	Living at Home
Renan Franco da Silveira	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	24	Law student	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No



Applicant Name	Renata SILVEIRA
----------------	-----------------

#### 4. Personal Background

a. Do you have any dietary restrictions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (e.g., vegetarian, food allergies):
		Vegetarian diet
b. Do you smoke?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes for 4b, 4c, or 4d, please explain:
c. Do you drink alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Have you ever been involved with illegal drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Answering yes will not automatically eliminate you as a candidate; however, it may require special consideration if assigned to a host family.

#### 5. Secondary School Information

Name of Secondary School you currently attend		Attach a transcript of secondary school courses you have completed and the grades you received in the last completed year of school. The transcript must be in English.	
THATHI- COC			
Address — Street			
Avenida Joaquim Pompeu de Toledo, 75, Parque Baguaçu			
City	State/Province	Postal Code	Country
Araçatuba	SP	16018-640	Brazil
Phone	Fax	E-mail	
+55 (18) 36363600	-----	-----	
Number of grades/levels at your school		Year you will finish secondary school	Years of school attended
		Finished in 2001	7 years

#### 6. Languages

Native Language:		Portuguese		
		Proficiency (indicate Poor, Fair, Good, or Fluent)		
Non-native Language(s)	Years Studied	Speaking	Reading	Writing
English	8 years	fluent	fluent	fluent
Italian	4 years	good	fluent	good
Spanish	2 years	fair	good	fair

#### 7. Sponsor District and Club Contacts

Name of Sponsor District Youth Exchange Chair				Name of Sponsor Club Youth Exchange Officer			
Arnaldo dos Santos Vieira				Melaine Regina Gibran Vieira			
Address — Street				Address — Street			
Rua Aviação , 2730				R.Conselheiro Antonio Prado nr 16			
City	State/Province	Postal Code	Country	City	State/Province	Postal Code	Country
Araçatuba	SP	16.056.725	BRAZIL	Birigui	SP	16.200.052	Brazil
Home Phone		Mobile Phone		Home Phone		Mobile Phone	
55 (18)36236899				55(18) 36423297		55 (18)8126.3639	
Business Phone		Fax		Business Phone		Fax	
55(18)36362626		---		55(18)36424896			
E-mail				E-mail			
arnaldovieira@terra.com.br				melgibran@yahoo.com.br			

## Renata CHIQUITELLI FRANCO DA SILVEIRA

My name is Renata Chiquitelli Franco da Silveira, a 26 year old girl surrounded by a lovely family and friends.

In my free time I enjoy hanging out with people I love, watch movies, go to the gym and travel. As I usually have very few moments like that, because my professional life is taking a great part of my time for while, all I try my best to enjoy every minute to relax and have fun doing what I like.

The thing I love the most is travelling, getting to know different people and new cultures. I've been already to USA in 2001, for a month, to improve my English with a group of students from my city. We visited north Virginia, Washington D.C., and Atlanta. It was very fun because it was my first trip abroad with so much new things and experiences. Then I travelled with my father for fifteen days to France and Egypt in 2004. We went with a group of people who wanted to study deeply their culture, including Paris, Versailles, Cairo and Luxor. An extraordinary trip that allowed my mind to expand in a way that I never imagined. Finally I went to Sweden with my mother in 2009, because I wanted to visit a dear Brazilian friend that lives there with his family. I ended up falling in love with that country, the people and their amazing culture. They care so much about nature and sustainable issues that made me really want to go back there again some day.

I really care about the world and the environment since I was little. That's the reason I've chosen to be a vegetarian for about five years already, besides recycling and trying my best to reduce bad habits that hurt the planet. Every time I can, I try to introduce people at work and my personal friends many ways to act sustainable, reduce garbage, buy organic products and things like that. Really think about the consequences of our actions.

My mom Sueli had worked for a bank for almost thirty years, now she is retired; but she is an amazing pianist who studied for years to get graduated on it. And my father Rafael works as an engineer for a company that builds roads and highways since the beginning of his career. There is my 24 year old brother Renan as well, which is in law school, but adores the mystery of physics and things like that. My parents have four siblings each, so my family is huge with many uncles, aunts, cousins that I'm madly in love with. We have always been really close to each other and enjoy been together

every possible free weekend, once each family lives in different cities. Another member is my sweet Johann, a 7 year old poodle that I am so crazy about.

I am amazed by arts, paintings, fashion world and make up techniques. Since I was a kid my mom used to stimulate my skills in drawing and painting by giving me support and lots of color pencils and paper. Sometimes I wish I had more free time to paint pictures again. But I am a happy girl because every day I have the opportunity to paint many women faces. My joy comes from their surprised face in the mirror after their make up is done, the happiness in their eyes by making them feeling great about themselves.

Once a dear friend told me about the love I put in everything I do, and feel about everything and everyone around me, it was so natural to me that I never realized how much important it is act with love always. Nothing in my life exists for a long time without me feeling good about it.

Studying is another passion that I have. Knowledge is so important to me; I am always reading a new book, searching for websites with all kinds of information such as fashion, make up and healthy issues. Studying different languages is also something that I care about, because it allows me to communicate with anyone I wish. I know Italian, German, French, and of course English. Now I understand better when my mom meant when she used to say that knowledge is freedom. Besides that, I have bachelor's degree in Fashion Design by a very prestigious college in Brazil called Anhembi Morumbi, including a social make up course and now I intend to take a MBA in Management. I believe that will give me much more possibilities in my career.

My professional future is my priority at this moment. I intend to work really hard to make every moment counts, to improve my skills, so I can have a solid career that will allow me to have a comfortable life doing what I love for work. I know that this exchange program will help me to be a better professional and for my personal growth. No matter what, I am going to do my best, and work really hard to make it a successful experience.

Renata



We are Renata's parents, Rafael e Sueli, and we would like to tell about our daughter.

Her happiness and loving character always made our moments together a pleasure. A very energetic girl, curious for new experiences and things in general. There is never boredom when she is around.


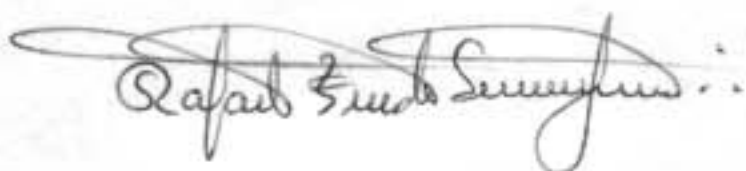
Since she was a little girl her interests for art and painting were very clear for us, as she used to spend all her afternoons coloring everything she could. Once she decided to make our home more beautiful and ended up painting the walls with colorful flowers, animals and plants. Not as nice as it sounds at that moment, but today it is all about laughs.

Our wish was always giving our children an excellent education, which is the reason they had studied in so many schools. But that wasn't a problem for Renata, because she is a very adaptable person, making friends was never a problem to her, or neither adjust to new situations. Despite of that, she was always a very dedicated student. Including in college, she kept her interests for knowledge in general beyond her classes, with extra books and movies that she usually used to bring home.

Besides that, she enjoys so much helping others, that once she became a member of an organization of some friends that has a free school for kids. She dedicated her time teaching and taking care of those children that needed some attention and love outside home. Including participating on their charity events.

We are very proud of her character, her way to handle and face difficulties that life put us into. She always had her opinion about everything and fought for her beliefs, every time it needed. Every problem she has she takes as an opportunity for personal growth and learning a new lesson. Due to the freedom and space we always gave her to express her feelings, she became a very strong woman perfectly capable to deal with any situation.

We believe that this exchange program will make her even stronger and a better person, besides improving her career skills. This opportunity came in a very good time, because she is already a woman that knows what's important in life, so I am sure that she will enjoy it the best way she can.



## Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, if necessary.

### MY FAMILY



SOMETHING IMPORTANT TO ME : My Friends .





## Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, if necessary.

MY SPECIAL INTEREST : Travel .



MY HOME







District 4470

Applicant Name

Renata SILVEIRA

# Short-Term Exchange Program

## Medical History and 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 for placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Please type or print clearly. Please submit four copies of the form, with original signatures in **blue** ink on each copy.

<b>Applicant's Full Legal Name</b>		<b>Gender</b>	<b>Date of Birth (e.g., 01/Jan/1999)</b>
Renata CHIQUITELLI FRANCO DA SILVEIRA		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	03/ Dec/ 1983
<b>Address — Street</b>			
Rua Jacob Stábile, 129			
<b>City</b>	<b>State/Province</b>	<b>Postal Code</b>	<b>Country</b>
Birigui	SP	16.200-264	Brazil
<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail</b>	
+ 55 (18) 36423278	+ 55 (19) 98292622	rechic@hotmail.com	

### Medical History

1. How long has the applicant been the patient of the physician?					
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 checked="" type="checkbox"/>	n. Liver disease/hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Anorexia/bulimia/other eating disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Menstrual disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	p. Mental disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	q. Pneumonia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	r. Rheumatic fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Bowel problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	s. Serious headache/migraine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	t. Stomach ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u. Typhoid fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Epilepsy/seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	v. Urinary tract infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Hearing loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	w. Vertigo/dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	x. Visual problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	y. Eyeglasses/contact lenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
3. Has the applicant:					
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?				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Taken any prescribed medication in the past six months?				<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?				<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
f. Had excessive weight gain or loss recently?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Suffered weakness of neurological or muscular skeletal system?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes for any parts of questions 2 and 3, please explain:					
<b>Question (e.g., 2e)</b>	<b>Nature and severity of disorder, diagnosis, frequency of attacks, and treatment</b>			<b>Dates and duration</b>	



Applicant Name

Renata SILVEIRA

4. Will the applicant be bringing any prescribed medication on the exchange? Yes No **X**

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

5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not):

Measles (rubeola)	No	Mumps	No	Hepatitis	No	Whooping cough (pertussis)	No
Rubella (German measles)	No	Chicken pox	1989	Scarlet fever	No	Other:	-

6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received):

Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.

Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)	Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)
Diphtheria	3	last: 22/Dec/1986	Measles (rubeola)	3	last: 01/Sep/1998
Whooping cough (pertussis)	3	last: 22/Dec/1986	Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)	7	last: 22/Dec/1989
Tetanus	2	last: 03/Feb/2003	Hepatitis B	3	last: 24/Oct/2003
Rubella (German measles)	3	last: 21/Jul/1984	Other (specify)		
Mumps	3	last: 22/Dec/1989	Febre amarela influenza	01 01	20/Dec/2003 23/abril/2010

Additional comments:

7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.

Date of screening (e.g., 01/Jan/2006) 31-07-2010 Result/diagnosis: 9mm. If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results:

Physical Examination

Height: 1,55 m Weight: 50 kg Blood Pressure: Sys. 120 Dia. 80 mmHg Pulse rate/minute: 68

8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart (murmur, pericardium)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Extremities (muscular)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abdomen (mass)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ear, nose, throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hernias	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Skeletal system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rectal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Genitalia	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

If yes, 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).

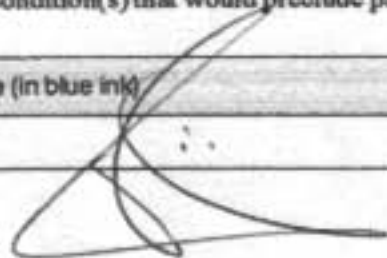
## CERTIFICATION

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 no 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 program
- ☐ Suffering from mental or medical condition(s) as noted in my report

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's Name (type or print)	Signature (in blue ink)	Date (e.g., 01/Jan/2006)
		04/08/10

Physician's address, phone, and fax (type or stamp)

Dr. Paulino M. Alonzo Aguiar  
CRM 23.891

RUA GETULIO VARGAS 550

BIMIGUI - SP

36428444



District 470

Applicant Name

Renata SILVEIRA

**Short-Term Exchange Program****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.

Please type or print clearly. Please submit four copies of form, with original signatures in **blue ink** on each copy.

<b>Applicant's Full Legal Name</b>		<b>Gender</b>	<b>Date of Birth</b> (e.g., 01/Jan/1999)
Renata CHIQUITELLI FRANCO DA SILVEIRA		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	03/ Dec/1983
<b>Address — Street</b>			
Rua Jacob Stábile, 129			
<b>City</b>	<b>State/Province</b>	<b>Postal Code</b>	<b>Country</b>
Birigui	SP	16.200-264	Brazil
<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail</b>	
+55 (18) 36423278	+ 55 (19) 98292622	rechic@hotmail.com	

**Dental Examination**

- |   |   |  |
|---|---|--|
| 1. Is the applicant in good dental health?                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 2. Does the applicant require dental work at this time?                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3. Do you foresee the applicant requiring any dental work while abroad? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
- If yes, please explain below (use reverse if needed):

**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 above and the attached page(s) (if no pages are attached, please check here: ☒).

<b>Dentist's Name</b> (type or print)	<b>Signature</b> (in blue ink)	<b>Date</b> (e.g., 01/Jan/2006)
NILZA DE LOURDES S. GUIMARÃES CRO: 17620/SP CPF: 107.459.126-72		30 / Jul / 2010

**Dentist's address, phone, and fax** (type or stamp)

NILZA DE LOURDES SILVA GUIMARÃES  
Rua Com. Oscar Rodrigues Alves, nº 1074  
Anacatuba - SP  
BRAZIL  
16.015-030  
Phone: <sup>+55</sup>(18) 36239020



District 4470

Applicant Name

Renata SILVEIRA

**Short-Term Exchange Program****Guarantee Form**

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)				Gender
Renata CHIQUITELLI FRANCO DA SILVEIRA				<input type="checkbox"/> M <input checked="" type="checkbox"/> F
Home Address — Street	City	State/Prov.	Postal Code	Country
Rua Jacob Stabile, 129	Birigui	SP	16.200-264	Brazil
Postal Address (if different) — Street	City	State/Prov.	Postal Code	Country
Home Phone	Mobile Phone	E-mail		
+ 55 (18) 36423278	+ 55 (19) 98292622	rechic@hotmail.com		
Date of Birth (e.g., 01/Jan/1999)	Place of Birth (City, State/Province, Country)	Citizen of (Country)		
03/ Dec/1983	Birigui - SP	Brazil		
Sponsor Rotary District	Host Rotary District	Host Country	Arrival Airport in Host Country	
4470	2040	Italy		

**(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 sending and host districts and clubs; and (4) not request permission to stay in my host country, and return home after completion of my exchange.

**(B) PARENT/LEGAL GUARDIAN GUARANTEE** We, the parents/legal guardians of the above named applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident insurance; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club to be returned at completion of the exchange if not used; (5) attend orientation meetings; and (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.

Signed (Applicant)		Date (e.g., 01/Jan/2006)	
Renata C. Franco da Silveira		02/Aug/2010	
Signed (Father/Guardian)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
Rafael Bruno Sampaio	02/Aug/2010	+55 (18) 36423278	rafa53@gmail.com
Signed (Mother/Guardian)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
Marcelo Silveira	02/Aug/2010	+55 (18) 36423278	suelichiquitelli@gmail.com
Witness (Sponsor Rotary club representative)	Date (e.g., 01/Jan/2006)	Home Phone	E-mail
Marcos Pompeu	02/Aug/2010	+55 (18) 3642 5492	pompeu@qweb.com.br

**ALTERNATE EMERGENCY CONTACT**

Name	Rosilene Paludetto Franco da Silveira	Relationship	Aunt
Address — Street	Rua Pedro Álvares Cabral, 903		
City	State/Prov.	Postal Code	Country
Birigui	SP	16.200-264	Brazil
Home Phone	Business Phone	Mobile Phone	E-mail
+ 55 (18) 36441057	-----	-----	rosilenepaludetto@yahoo.com.br

**(C) SENDING CLUB AND DISTRICT ENDORSEMENT**

The Rotary Club of BIRIGUI and District 4470, having interviewed the applicant and his/her parents/legal guardians and reviewed the student's application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs the acceptance of this student. District 4470 agrees to provide adequate orientation to the student and parents before the student's departure.

Name of Club		Club ID #	District #
BIRIGUI		7729	4470
Club President Name		Signature	
MARCOS A. STABILE			
Date (e.g., 01/Jan/2006)	Home Phone	E-mail	
02/Aug/2010	(18) 3642 5492	marcos.sta@vol.com.br	
Club Secretary / YEO Name	Signature	District Chair Name	Signature
CLAUDIO U. OLIVEIRA		Arnaldo dos Santos Vieira	
Date (e.g., 01/Jan/2006)	Home Phone	E-mail	Date (e.g., 01/Jan/2006)
02/Aug/2010	(18) 3642 3664		02/Aug/2010
			(18) 3623 6899



Applicant Name

Renata SILVEIRA

**(D) HOST CLUB AND DISTRICT GUARANTEE**

The Rotary Club of Milano - Linate

will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. District 2040 agrees to ensure adequate training for host parents, if applicable, and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Name of Club		Club ID #	District #
MILANO LINATE		12234	2060
Club President Name		Signature	
MARIA LETIZIA BALDINI			
Date (e.g., 01/Jan/2006)		Home Phone	
		02-9075311	
E-mail			
letizia.baldini@hotmail.com			
District Chair Name		Signature	
ROBERTO MANCINI			
Date (e.g., 01/Jan/2006)		Home Phone	
15/01/2011		021-927007	
E-mail			
mancini.r@virgilio.it			
Club Secretary / YEO Name		Signature	
MAURO DOCCI			
Date (e.g., 01/Jan/2006)		Home Phone	
		02-56305865	
E-mail			
mauro.docci@tin.it			

**(E) HOST CLUB COUNSELOR (required)**

Name		Address — Street	
LETIZIA BALDINI		RESIDENZA CAMPO 152	
City	State/Province	Postal Code	Country
BASILENO	MILANO	20130	ITALY
Home Phone	Mobile Phone	Fax	E-mail
02-9075311	335-5999600	02-9197993	letizia.baldini@hotmail.com

**(F) HOST FAMILY (if applicable)**

Name of Host Father		Name of Host Mother		Name(s) and Ages of Other Adult(s) in Home	
PAOLO BROGLIO		DONATA ANDREOTTI		GIULIA BROGLIO 21 YEARS	
Address — Street					
VIA PARCO SELLA 16					
City		State/Province		Postal Code	Country
MILANO		MILANO		20134	ITALY
Home Phone		Mobile Phone		Fax	E-mail
02-26613354		337-384960		02-2871159	paolo.broglio@elologicaparlata.it

**Student:** Please submit this form with the rest of the completed application to your local Rotary club or district.

Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

**Rotary district/clubs:** Please mail completed Guarantee Form to the address below.

Youth Exchange  
Rotary International  
One Rotary Center  
1560 Sherman Avenue  
Evanston, IL 60201-3698 USA



## 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 all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor 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.

I attest 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.

## PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

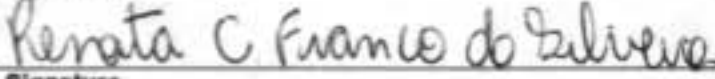
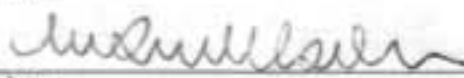
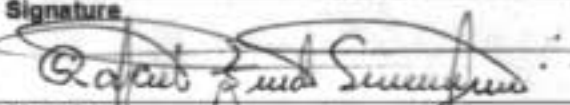
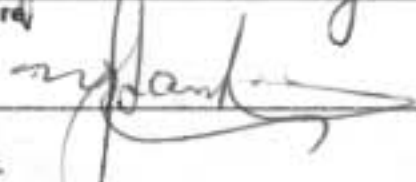
We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Medical Information 1-4,' acquired in the course of the examinations by the physician and the dentist.

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.
- 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 beyond those covered by insurance for any medical treatment rendered.

Applicant (print name)	Signature
Renata Chiquitelli Franco da Silveira	
Mother/Legal Guardian (print name)	Signature
Maria Sueli Chiquitelli Franco da Silveira	
Father/Legal Guardian (print name)	Signature
Rafael Franco da Silveira Júnior	
Witnessed in the presence of Sponsor Club Representative (print name)	Signature
Melaine Regina Gibran Vieira	
Dated this <u>02</u> Day of <u>August</u> Month, <u>2010</u> Year.	

### Statement of Conduct for Working with Youth

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

*Adopted by the Rotary International Board of Directors, November 2002*

Nome **RENATA CHIQUITELLI FRANCO DA SILVEIRA**  
 Nom  
 Name  
 Sexo **FEMININO**  
 Sexe  
 Sex  
 Lugar e data do nascimento **BIRIGUI/SP**  
 Lieu et date de naissance  
 Place and date of birth **03/12/1983**  
 Filiação **RAFAEL FRANCO DA SILVEIRA JUNIOR**  
 Noms des parents  
 Father's and mother's name  
 E  
**MARIA SUELI CHIQUITELLI FRANCO**  
**DA SILVEIRA**

Repatrição expedidora - Délivré par - Issued by

**NÚCLEO DE POLÍCIA DE**  
**IMIGRAÇÃO**  
**DPF/ARAÇATUBA/SR/SP**

Válido até - Valable jusqu'à - Valid until

**06 JAN 2014**

Data da expedição - Délivré le - Issued on

**07 JAN 2009**



*Daniela Ferreira Mauro Braga*  
**Daniela Ferreira Mauro Braga**  
 Delegada de Polícia Federal  
 Mat. 16.131 - 3.ª Classe

Nome e cargo do funcionário que o concedeu  
 Nom et qualité de l'agent expéditeur  
 Name and function of the issuing authority