Interact
Rotary Sponsored Club

ROTARY DISTRICT 5495 INTERACT AMBASSADORS TO KENYA AND MEXICO STUDENT AMBASSADOR APPLICATION

partnering with Crutches 4 Africa and ALEM

APPLICANT

Last Name _____ **First Name** _____

Address _____**City/State** _____ **Zip Code** _____

Cell Phone _____**Email** _____

Date of Birth _____ **Age**_____ **Sex (M / F) What is your t-shirt size?** _____

High School _____ **Current Grade Level** _____ **GPA:** _____

Active Member of Interact Club? (Y / N) Attended RYLA? (Y / N)

Do you have a passport? (Y / N) Expiration Date _____ (provide a copy with your application)

I would like to be considered for the ____ Mexico Team ____ Kenya Team. Select all that apply.

This is an application for the Interact Ambassadors Program. The Selection Committee will make the final determination of team assignments.

STUDENT INFORMATION

What languages have you studied and for how long? _____

Do you have any brothers/sisters? Describe _____

Do you have any dietary restrictions? Explain_____

Do you require any medication, any medical condition or allergies we should be aware of? Explain

_____

Parent or Legal Guardian Information (required for both)

First and Last Name _____ **First and Last Name**_____

Relation_____ **Relation** _____

Address_____ **Address** _____

Cell Phone _____ **Cell Phone** _____

Email Address _____ **Email Address** _____

Occupation _____ **Occupation** _____

Rotarian (Y / N) Club _____ **Rotarian (Y / N) Club** _____

The following questions can be answered on additional pages, attached to your application.

Tell us some of your interests (school clubs such as Interact Club, RYLA attendee, sports, leadership roles, scouting, hobbies inside or outside of school, volunteering, community service) and how much time you devote to them:

Tell us about your travel experiences away from home with and/or without your family. Have you traveled outside of the country? Where and why?

Tell us about your family (what do your parents do, how long have you lived in the area, what your siblings do?

Tell us why Rotary should consider you as a potential "Ambassador" for Interact, Rotary and your country? (Achievements, awards, talents, interests, etc.):

Tell us about your experience with fundraising including any ideas you have to fundraise for this program:

What do you expect from this program if you are selected?

What does service to the community mean to you?

Is there any other information you would like to share with us?

APPLICATION CHECKLIST

- ☐ **Application**
- ☐ **Program Acknowledgement & Agreement** (signed by applicant)
- ☐ **Program Acknowledgement & Agreement** (signed by parents/guardians)
- ☐ **Two (2) Letters of Recommendation** (One from your Interact Club Advisor.)
- ☐ **Copy of Passport**
- ☐ **Copy of State Identification**
- ☐ **Photo (for use in program materials)**

Please forward your application and all necessary documentation to:

Dr. Art Harrington
(928) 245-0411
Email: arthts@msn.com
Note: Applications are due by December 31. The applications will be screened by our Selection Committee, and applicants will be contacted about scheduling an online interview with members of that committee. Our Interact Ambassadors team will be selected by January 31.

STUDENT AMBASSADOR ACKNOWLEDGEMENT & AGREEMENT

I _____(print name), acknowledge and understand that by signing up for the Interact Ambassadors Program, I am committing to fulfull my responsibilities as a participant in this program and I further understand and acknowledge the following :

Student Ambassador to Read and Initial

____ I acknowledge that I have read and understand the details provided for in the Interact Ambassadors Program to Kenya and Mexico Facts Sheet.

____ I understand that I am applying for the Interact Ambassadors Program. I further understand that the Selection Committee will make the final determination of which team I am selected for.

____ I understand that my individual contribution for my participation in this program is $1000.00 and this only covers a portion of in country expenses including cost for travel, accomodation and meals. I understand that payment is due upon selection to the Program and an invoice will be sent to me from the District.

____ I understand that this program is funded through each team's fundraising efforts and I will be expected to participate in fundraising for this program in addition to my individual contribution. Each team member will have a fundraising goal.

____ I understand that there will be 14-16 online training sessions leading up to departure for the program where my attendance and participation is mandatory. Students will be researching and presenting as part of the training. Failure to participate or attend all training sessions without an approved absence may result in removal from the program. *Sessions will be held Sunday evenings. *See posted training schedule for dates.*

____ I understand that there will be an in person overnight team session to be held during the Rotary District 5495 Conference and my attendance is mandatory.

____ I understand that I am responsible for all program and travel related tasks and expenses including, but not limited to, my passport application, visa application (if applciable), required vaccinations, recommended or desired medications, travel to and from the in person session, and travel to and from Phoenix Sky Harbor Airport for program departure/arrival.

____ I understand that punctuality and reliability are key to the success of this program and that I will arrive on time and prepared for each scheduled event.

____ I understand and agree that I will conduct myself respectfully toward the ambassadors, advisors, Rotaractors, Rotarians, and community members involved in this program. I understand that my behavior reflects on the program, Interact and Rotary District 5495.

____ I understand that if I cancel my participation in the program or am removed from the program after airline tickets have been purchased, it is my responsibility along with my parents/legal guardians to reimburse Interact District 5495 for the cost of my airfare and ½ of the student's individual contribution which have been prepaid.

____ I understand that if I am removed from the program while in country (Kenya or Mexico), all costs associated with my removal and travel home are my responsibility along with my parents / legal guardians.

I have read and understand the responsibilities and requirements listed above, and commit to upholding them throughout my participation in the program.

Student signature _____ **Date** _____

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT & AGREEMENT

Interact Ambassadors Program – Rotary District 5495

I/We, _____ (print name) and _____ (print name), as the parent(s)/legal guardian(s) of _____ (student name), acknowledge that by allowing my/our student to apply for and, if selected, participate in the Interact Ambassadors Program, I/we are agreeing to support and fulfill all responsibilities outlined below.

I/We further understand that the Interact Ambassadors Program involves significant commitments of time, financial resources, and participation, and that my/our cooperation is essential to my/our student's successful participation in the program.

For each statement below, BOTH parents/legal guardians should initial to indicate understanding and agreement. If only one parent/legal guardian is available, please provide additional information to Dr. Art Harrington.

Acknowledgement	Parent/Guardian	Parent/Guardian
I/We have read and understand the information provided in the Interact Ambassadors Program to Kenya and Mexico Facts Sheet.		
I/We understand that my/our student is applying for the Interact Ambassadors Program and that the Selection Committee will make the final determination of which team the student is selected for.		
I/We understand that the individual contribution for participation is $1,000. This amount covers only a portion of in-country expenses, including travel, accommodations, and meals. Payment is due upon selection, and an invoice will be issued by the District.		
I/We understand that program funding also depends on team fundraising efforts, and my/our student will have a fundraising goal in addition to the individual contribution.		
I/We understand that there will be 14–16 mandatory online training sessions prior to departure. Students must attend and participate in all sessions (held Sunday evenings), and unapproved absences may result in removal from the program. If removal from the team occurs after flights have been purchased, I/we understand that I/we are responsible for reimbursing Interact District 5495 for the cost of the airfare and one-half of the student's individual contribution.		
I/We understand that there is a mandatory in-person overnight team training session held during the Rotary District 5495 Conference, and my/our student is required to attend.		
I/We understand that I/we are responsible for all program- and travel-related tasks and expenses, including but not limited to: passport application, visa application (if applicable), required vaccinations, recommended or desired medications, travel to/from the in-person session, and travel to/from Phoenix Sky Harbor Airport for program departure and return.		
I/We understand that punctuality and reliability are essential to program success and that my/our student must arrive on time and prepared for all scheduled events.		
I/We understand and agree that my/our student must conduct themselves respectfully toward all ambassadors, advisors, Rotaractors, Rotarians, and community members, as their behavior reflects on the Interact Ambassadors Program and Rotary District 5495.		
I/We understand that if my/our student cancels or is removed from the program after airline tickets have been purchased, I/we are responsible for reimbursing Interact District 5495 for the cost of the airfare and one-half of the student's individual contribution.		
I/We understand that if my/our student is removed from the program while in country (Kenya or Mexico), I/we are responsible for all costs associated with their removal and return travel.		

By signing below, I/we affirm that I/we have read, understand, and agree to the responsibilities outlined above and will support my/our student's participation in the Interact Ambassadors Program.

Parent/ Guardian Signature _____ **Date** _____

Parent/ Guardian Signature _____ **Date** _____