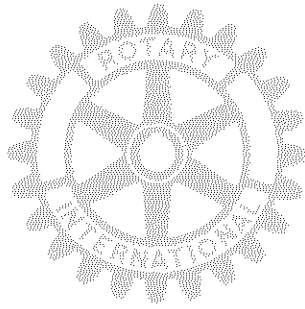

**Rotary Youth Exchange
Long-Term Program Application**

Rotary



rotary
youth
exchange

Submit completed application to:

<p>ULUSLARARASI ROTARY 2430. BÖLGE OFİSİ SANCAK MAHALLESİ 535. SOKAKNO:9/2 ÇANKAYA-ANKARA TEL: +90 (312)438 36 40 FAKS: +90 (312)438 05 63 www.rotary2430.org.tr bilgi@rotary2430.org.tr</p>
--

Number of Copies of Application to be Submitted: _____

Sponsor District: 2430



Rotary Youth Exchange – Long-Term Exchange Program Pre-Application Information: Data Privacy Disclosures

BEFORE YOU BEGIN - Please Read:

By filling this application you will provide information that includes personal data. It is important to understand how personal data from this application will be processed, including how it may be used or shared, how it will be protected, how long it will be retained, and how it can be corrected or removed. Please read the Rotary Youth Exchange Application Privacy Statement. Before filling this application, if you have any questions or concerns, please consult your Sponsor District/Multidistrict instructions or use the provided contact information for any questions about this application.

Rotary Youth Exchange Application 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 relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

Sponsor District/Multidistrict Application Privacy Statement - Above reference Privacy Statement translated to other official language (if applicable)

INSTRUCTIONS FOR SPONSORING DISTRICTS:

This box is intended for a TRANSLATION of the "Rotary Youth Exchange Application Privacy Statement"

If the district/multidistrict wishes to provide a translation of the above privacy statement in another official language:

1. First (after saving or printing a copy of these instructions) **DELETE ALL THE TEXT IN THIS BOX.**
2. Insert the translation in another official language.
3. Under the "File" menu, use the 'SAVE AS' command to save this application with a new name.
4. Optional: If you have full version Adobe Acrobat, make this box 'Read Only' using the 'Prepare Form' tool.
 - a. Double Click on the text box field name 'Spons Dist Appl Priv Stmt'
 - b. In the 'Common Properties section, click the 'Read Only' check box.
 - c. Close the properties.
 - d. Save the document.
5. Similarly, sponsor districts can replace the top paragraph "BEFORE YOU BEGIN - Please Read" with a translation, if desired.

If no translation is necessary:

1. First (after saving or printing a copy of these instructions)
DELETE ONLY THE TEXT ABOVE THE LINE OF PLUS SIGNS (+++++).

Instructions for Rotary Youth Exchange Program Application



BEFORE YOU BEGIN, please review the data privacy statement on the preceding page. For any questions, contact the Youth Exchange Officer of your sponsoring Rotary Club or the contact person provided in your Sponsor District/Multidistrict instructions accompanying this application form.

Read all directions on each page carefully **before** completing the application. Use the checklist on the last page to ensure that you have completed all sections and obtained all necessary signatures.

If you are accepted as an exchange student, this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you. The information you provide will help to determine your acceptance in the Rotary Youth Exchange program, and your placement in a host family, school, and community. Furthermore, some or all of your information may be provided to a third party if required by law. Your personal data will be protected in compliance with the laws and regulations of your sponsoring and hosting countries.

Components of Your Application

Your application consists of:

- All forms in this application, along with your student and parent letters (Section B)
- Copies of original or other official vaccination records (Section C-2) plus any additional information or reports from your doctor or dentist.
- Copies of your school transcripts (Section H-2)
- Copy of your valid passport or birth certificate (Section P)
- Any other documents or forms which may be required by your sponsor district.

Filling Your Application

Please fill this form on-screen and save it as a PDF file. To accomplish this, first save the unfilled PDF form. Use [Acrobat Reader](#) to open, fill and save your application. Adobe Acrobat Reader is FREE to download and compatible with most computers and smartphones.

Do not use an internet browser to fill this form. This form uses advanced PDF features not supported by browsers (e.g. Chrome, Edge, Safari, Firefox, etc.)

Answer all questions completely and as asked (*do not* write "same", "see above" or "see page"). Enter your information directly onto the application unless directed otherwise. Make sure to use correct grammar and spelling. Make note of the formats specified for date fields and other items.

Wherever the application asks for your full legal name, enter your name **exactly as it appears on your passport or birth certificate**.

The photo of yourself for Section A, page 1, and the photos required by Section B, should be good-quality digital color photographs and electronically inserted into the document. Each photo must be cropped to correct proportions (shape/aspect ratio) before inserting into the form.

Signing and Submitting - Sponsor District/Multidistrict Instructions REPLACE suggestions below.

If your sponsoring district/multidistrict uses electronic signatures please follow those instructions. Otherwise sign on paper and electronically submit scanned copies as PDF files. If your district/multidistrict also requires paper copies, these steps or similar may be suitable:

1. Complete the application form. Save unsigned copies of all sections for later use. Print the required number of paper copies (or one for signatures)
2. Sign all of the sets yourself, and have your parents/legal guardians sign all sets. (Note some sections require a Rotary witness.)
3. Make scanned copies in PDF file format from each section with signatures, including medical and dental forms.
4. If paper copies are required, collate the sections, include checklist, omit cover page and instruction pages. Use only paper clips (i.e. no staples).
5. Securely submit electronic application as PDF files containing the required sections and checklist, omit cover page and instructions
6. For security reasons, avoid using e-mail for electronic submission. See your District/Multidistrict instructions for secure electronic submission.

Additional Instructions

1. The deadline for this application will be established by the sponsoring Rotary District and local Rotary Club. Applications WILL NOT be accepted after the deadline date. Your sponsor district will specify any paper copies you may be required to submit.
2. Hand-written applications are not accepted. Use [Adobe Acrobat Reader DC](#) (or full version Adobe Acrobat Pro DC) to complete your application.
3. It is the student's responsibility to ensure that the School Reference Form (Section H-1) is completed and sent in by the teacher/administrator in time for the application deadline.
4. A free software tool to electronically separate or merge sections of this application is [PDFsam Basic](#). (Useful to separate or combine PDF pages.)

Gender Identification

Non-binary encompasses many gender identities that don't fit into the male-female binary. The term "non-binary" can mean different things to different people. At its core it's used to describe someone whose gender identity isn't exclusively male or female. Some people who are non-binary experience their gender as both male and female, and others experience their gender as neither male nor female. Other identities considered to fall under this non-binary can include transgender, gender fluid, and genderqueer – as well as many more.

Questions?

If you have any questions about completing this application, check with your local Rotary Club's Youth Exchange Officer. Once you've completed your application, return it to your local Rotary club/district as they've instructed.

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, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse.

Adopted by the Rotary International Board of Directors, October 2019

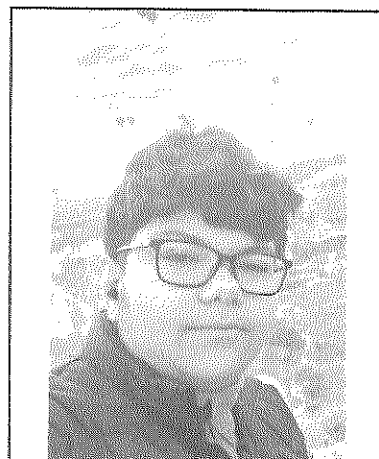
Sponsor District: 2430



Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

Page 1 of 3



Before you begin your application, be sure to read *all instructions on the prior page.*

1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g. John David SMITH) Ahmet Kivanç BAYRAM		Name You Wish to be Called Kivanç		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street Karatas Mah. 103402 Nolu Cad. No:8	City Gaziantep	State/Province Sahinbey	Postal Code 27470	Country Turkiye
Postal Address (if different) - Street	City	State/Province	Postal Code	Country
E-mail Address ahmetkivançbayram@gmail.com	Skype ID live:.cid.1dba14e345196fae	Mobile Phone Number +90 537 4765167		
Place of Birth (City, State/Province, Country) Gaziantep / Sahinbey	Citizen of (Country) Turkiye	Date of Birth (YYYY-MM-DD) 2009-09-30		

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1 Mustafa Edip BAYRAM		Full Name of Parent/Legal Guardian #2 Sakine Esra BAYRAM			
Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name of Rotary Club	Rotarian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name of Rotary Club		
Address – Street Karatas Mah. 103402 Nolu Cad. No:8	City Gaziantep	Address – Street Karatas Mah. 103402 Nolu Cad. No:8	City Gaziantep		
State/Province Sahinbey	Postal Code 27470	Country Turkiye	State/Province Sahinbey	Postal Code 27470	Country Turkiye
Email-Address medipba@gmail.com		Email-Address esra_birbilen@yahoo.com			
Occupation Manager		Occupation Deputy Bank Branch Manager			
Home Phone Number None	Mobile Phone Number +90 533 3841858	Home Phone Number None	Mobile Phone Number +90 533 6823700		
Business Phone Number +90 342 5023446	Skype ID medipba	Business Phone Number +90 342 2117431	Skype ID		
In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)? <input checked="" type="checkbox"/> Parent/Legal Guardian #1 <input type="checkbox"/> Parent/Legal Guardian #2		<input type="checkbox"/> Mark this box if your parents are divorced or separated. Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.			

Sponsor District: 2430Applicant Name: Ahmet Kıvanç BAYRAM

Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

Page 2 of 3

3. Sponsor District and Rotary Club

Sponsor District Number 2430	Name of Sponsor District Youth Exchange Chair Kemal ATTILLA	E-mail Address kemal.atilla@gmail.com
Sponsor Rotary Club Gaziantep Ipek Yolu Rotary Club	Name of Sponsor Club Youth Exchange Officer İlter OZBAY	E-mail Address iturkguler@hotmail.com

4. Personal Background

Religion (Identify by name or "None") Muslim	Dietary Restrictions (Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...) None
Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain.
Do you drink alcohol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain.
Have you ever used illegal drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain.
Do you have a steady boy/girlfriend? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how will being abroad impact your relationship and how might the relationship impact your exchange experience?
<i>Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.</i>	

5. All Siblings (plus any other family members living in your home)

Relationship examples: "brother" "step-sister" "grandmother" "step-father" "foster brother" "niece" "cousin" etc.

Name	Relationship	Age	Occupation or School Grade/Level	Living in your Home?
Mustafa Kutay BAYRAM	Brother	8	Primary School 3rd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Sponsor District: 2430

Applicant Name: Ahmet Kıvanç BAYRAM



Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

Page 3 of 3

6. Languages

Your Native Language(s)		Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)		
Non-Native Language(s) <small>If you have received a foreign language certificate (e.g. DELF, DELE etc.), please add a copy to this application form</small>	Years Studied	Speaking	Reading	Writing
Turkish				
English	12 years	Good	Good	Good

7. Exchanges

Have you previously participated in any exchange? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>if yes, please explain in your student letter</small>	
--	--

8. Secondary School Information

Name of Secondary School You Currently Attend		School Phone Number		School Fax Number	
Gaziantep Türkiye Odalar ve Borsalar Birliği Fen Lisesi				+90 342 4089495	
Address – Street		City	State/Province	Postal Code	Country
İbni Sina Mahallesi 190011, İbn-i Sina, 27046. Sk. No:4, 27270 Sahinbey/Gaziantep		Gaziantep		27200	Türkiye
Maximum grade level in secondary schools	Your current grade level (e.g., 10 th , 11 th)	Month and year you expect to graduate		No. of years you've attended this school	
12	10	06/2028		2	
List the courses you are currently taking					
Drum					
<i>Consult with a school official or guidance counselor to find out the following information:</i>					
Total number of students at your school		Number of students in your grade level		Your approx. class ranking (e.g., top 10%, 12 th of 56)	
552		150		Top %30	
Name and title of school official or counselor that you consulted			E-mail address of school official or counselor		
Alper KURT			tobbfen27@gmail.com		
<i>In Section H-2, add a transcript, in English, of all secondary school courses completed with grades you received. Also include your most recent grade report from the current year.</i>					

9. Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

Name		Relationship			
Melih BAYRAM		Uncle			
Home Address – Street		City	State/Province	Postal Code	Country
Madenli mah. Prof. Iskender Sayek Cad. Orsen Sitesi No:17		Hatay	Arsuz	31225	Türkiye
E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number		
melih@4mla.com	none	none	+90 533 5180046		



Rotary Youth Exchange – Long Term Exchange Program

Section B: Letters & Photos

Page 1 of 7

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses). Do not copy the questions. Please use these questions as a suggested guide for topics to include in your letter.

How to create your letter:

- I. Enter your letter on the following "Student's Letter" pages by keying in your text or using "copy and paste". Maximum length: 3 pages.*
- II. Use clear sentences that can be easily understood by your future hosts. Even if they understand English well, you should avoid abbreviations, idioms, contractions, slang and local jargon. If you include local names (company, store, town) you may need to provide additional information.*

1. What do you do when you have free time?
2. What you do at your school? *(How many subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you wake-up and discuss only one typical day's schedule.)* Are you able to choose courses at your school? If so, which courses did you choose, and why?
3. What are your school interests and activities? What leadership positions have you held?
4. How would you describe your home? *(Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus, or walk to school?)*
5. What are the occupations of your parents? *(What product or service does each make or perform? What is their position or title?)*
6. How would you describe your community? *(Is it in or near a major city? What is the population? Industry? economy?)*
7. What are your interests and accomplishments? *(Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?)*
8. What trips have you taken outside your country? Tell us about your experience(s) abroad, if any:
9. What things do you dislike? *(Do you dislike certain foods, animals, treatment by other people etc.?)*
10. What do you feel are your strong and weak characteristics? What would you like to improve about yourself?
11. What are your plans and ambitions for your educations and career? Why?
12. If you have previously been on any exchange write about your experiences, the host country you went to and the length of your exchange.
13. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter

Write a letter to your child's host club and families, incorporating answers to the following questions. Do not copy the questions, themselves.

How to create your letter:

- I. Enter your letter on the following "Parent's Letter" pages by keying in your text or using "copy and paste". Maximum length: 2 pages.*
- II. Use clear sentences that can be easily understood by non-native English readers. Even if they understand English well, you should avoid idioms, abbreviations, contractions, slang and local jargon. If you include local names (company, store, town) you may need to include other information.*

1. How would you describe your child's relationship with you and your family? with his/her friends?
2. How does your child react to disagreement, discipline, and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of independence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. Are there any other comments you would like to share with the host families?

**Rotary Youth Exchange – Long Term Exchange Program****Section B: Student's Letter**

Letters & Photos Page 2 of 7

Hello, I am Ahmet Kıvanç BAYRAM.

I go to school at 7:40 a.m. and return home at 4:00 p.m. I have eight lessons a day, each lasting 40 minutes. My morning routine begins with waking up, going to the bathroom, brushing my teeth, getting dressed, and having breakfast. After that, I go to school with my father since my school is quite close to our home.

At school, I take math's literature bios chemistry physics lessons, and I'm quite interested in this field. After school, I take music courses I come home and practice the drums. I have been playing the drums for eleven years, and I practice for an hour every day.

Later, I go out to play basketball. However, after breaking my wrist in an ice-related accident, I had to stop playing basketball regularly. Still, I play occasionally. I was also part of the middle school band and one of the top students in my school. I have a music band where I am the leader. I listen to various music genres such as Rock, Metal, Rap, Pop, Country, and Punk. I'm a big fan of the Scuderia Ferrari Formula 1 team, and my favorite drivers are Sebastian Vettel, Ayrton Senna, and Michael Schumacher. I dream of attending the Mexican Grand Prix and am currently exploring Mexican culture.

I also want to learn more about Interact clubs in Mexico, as I am a member of the İpekyolu Interact Club in Turkey. I am improving my English as a foreign language and want to learn Spanish as my second language. I believe I can best learn Spanish in Mexico. Previously, some of my friends went to Mexico, and it was delightful to hear about their experiences. As for my family, my father is a manager at a paper cup factory, and my mother is an assistant manager at a bank. My parents are really good people who contribute a lot to our community. I share a room with my sibling. In my room, I have a television and a desk, but I generally prefer working in the living room. I enjoy cooking and trying out new recipes. I especially love meat dishes and am trying to learn how to cook steak in Gaziantep. However, finding beef suitable for steak in our region is a bit challenging. Lamb meat is more commonly preferred here, and we have fantastic kebabs made from lamb. I'm not a big fan of fish, but I do enjoy anchovies and tuna. I must say, I love spicy sauces and steak. In the future, I want to explore different countries, meet new people, and learn new music cultures.

I have never participated in an exchange program before, but I am currently part of one and believe that this experience will have a positive impact on my life, helping me to become more successful. Looking forward to seeing you soon,

Kind regards,

Ahmet Kıvanç BAYRAM

**Rotary Youth Exchange – Long Term Exchange Program****Section B: Parent's Letter**

Letters & Photos Page 5 of 7

Dear Rotary Club Members and Host Family,

I would like to express my heartfelt gratitude for accepting to host Kıvanç Bayram and allowing him to stay with you for a while. We, the Bayram family, consist of four members: my wife Esra, myself Mustafa, and our two children Kıvanç and Kutay. We live in Gaziantep, Turkey. My wife works as a banker, and I am an executive in the private sector. Our younger son, Kutay, is in the 3rd grade of primary school.

We strive to raise our children to be honest, hardworking, and kind individuals. Especially Kıvanç, whom you will be hosting, is a very special child. We watch his development with admiration. We believe that allowing our children to face challenges and make small mistakes at an early age positively impacts their growth. We entrust our most precious, Kıvanç, to you for a while and believe that you will take even better care of him than we would. We are confident that in the coming years, he will become a part of your family as well. I have no doubt that the Rotary Club family, which I have been a part of and closely acquainted with for years, will embrace him. I am certain that the exchange program will leave unforgettable memories in Kıvanç's life and help him form lasting friendships. Kıvanç is a very social and fun-loving child. He loves cooking simple dishes and learning new recipes. He has been playing the drums since a young age, and it is his greatest joy. Learning about your country's culture and experiencing it will greatly contribute to his development. We have full confidence that you will not encounter any problems with Kıvanç. We hope that you will now have a friendly family in Turkey as well.

Best Regards,

Mustafa Edip BAYRAM

Sponsor District: 2430

Applicant Name: Ahmet Kivanç BAYRAM



Rotary Youth Exchange – Long Term Exchange Program

Section B: Parent's Letter

Letters & Photos Page 6 of 7

-- INTENTIONAL BLANK PAGE --
(Delete this text and all lines above if this page is needed)

Student's Photos

Select a good quality color photograph for each topic below, and digitally insert each photo to this page. Include brief captions to describe the photos and remember you are leaving a **FIRST IMPRESSION!** (Digital insertion of photos works best with ADOBE ACROBAT or ADOBE READER)

<p>MY FAMILY</p>	<p>MY SPECIAL INTEREST</p>
	
<p>Cappadocia's unique fairy chimneys and the sky filled with colorful balloons are like a fairy tale in the first light of the morning. We immortalized this moment.</p>	<p>This foto in including my favourite sport and practice drum foto</p>
<p>SOMETHING IMPORTANT TO ME</p>	<p>MY HOME</p>
	
<p>This foto is in my last concert</p>	<p>We shared a few photos from our home.</p>



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.

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.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH) Ahmet Kıvanç BAYRAM		Date of Birth (YYYY-MM-DD) 2009-09-30		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Home Address – Street Karatas Mah. 103402 Nolu Cad. No:8		City Gaziantep		State/Province Sahinbey	Postal Code 27470
E-mail Address ahmetkivancbayram@gmail.com		Home Phone Number none		Mobile Phone Number +90 537 4765167	
				Country Turkiye	

Medical History

1. How long has the applicant been the patient of the physician?		2009-09-30	
2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:			
	Yes	No	
a. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n. Liver disease/hepatitis
b. Anorexia/bulimia/other eating disorder*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Malaria
c. Appendicitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	p. Menstrual disorders
d. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	q. Mental disorders*
e. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	r. Pneumonia
f. Attention deficit disorder*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	s. Rheumatic fever
g. Bowel problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	t. Serious headache/migraine
h. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u. Stomach ulcer
i. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	v. Typhoid fever
j. Epilepsy/seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	w. Urinary tract infection
k. Hearing loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	x. Vertigo/dizziness
l. Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	y. Visual correction – eyeglasses/contact lenses
m. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	z. Visual problems – other
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 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 you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions): *Affirmative answers to questions 2b, 2f, 2g, 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	
2.y.	have 3.5 degrees Myopic visual impairment . I wear glasses .	Last 5 years.	

Sponsor District: 2430

Applicant Name: Ahmet Kivanc BAYRAM



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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Mumps <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Hepatitis (if so, see comments) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Whooping cough (pertussis) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____
Rubella (German measles) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Varicella (Chicken Pox) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, year <u>2016</u>	Scarlet fever <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Other: <input checked="" type="checkbox"/> No If Yes, explain:

5. Immunization Information (may be completed by medical records, nursing or appropriate personnel and verified by physician)
Please provide or confirm a copy of the student's original immunization record(s) in addition to completing this information section. (See Section C-2.)

The applicant has been immunized against the following diseases:

Dates of immunizations (clearly state the dates of ALL doses received – 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.

	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Diphtheria	2009-12-03					2022-11-23	
Pertussis (whooping cough)	2009-12-03						
Tetanus	2009-12-03					2022-11-23	
Rubella (German measles)							
Mumps			2025-02-18				
Measles (rubeola)			2025-02-18				
Polio <input type="checkbox"/> Sabin TOPV (3 or more) <input type="checkbox"/> Salk IPV (4 or more)						2012-12-21	
Varicella (Chicken Pox/Shingles)							
Hepatitis B	2009-09-30	2009-10-30					
Hepatitis A			2025-02-18				
Yellow Fever							
Japanese Encephalitis							
Meningococcal Meningitis	2009-12-03						
Typhoid							
COVID-19 Manufacturer or Name: Biontech GmbH	2021-09-12	2021-10-15					
Others (specify):							
B.C.G	2009-12-03						
Additional comments: (Examples: Other COVID-19 vaccine manufacturer(s) on later doses, hepatitis lab test results, other immunizations, vaccine adverse reactions)							

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

Date of screening (YYYY-MM-DD) 2025-02-21 Result/diagnosis: 0. If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results:

Skin Test

Sponsor District: 2430

Applicant Name: Ahmet Kivanc BAYRAM



Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

Page 3 of 3

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

Height: (cm) 176	Weight: (kg) 98	Blood Pressure: (mmHg) Sys. Dia.	Pulse rate/minute:
------------------	-----------------	----------------------------------	--------------------

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, pressure)	<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 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 (type or stamp)	Physician Name (type or print) Ahmet Dogan YARDI
	Physician Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD) 2025-02-24

Parent and Applicant Declaration:

- We/I hereby confirm:
- that the Medical Section C and Dental Section D include ALL the medical 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: Mustafa Edip BAYRAM Date: 2025.02.24 	Applicant Signature: Name: Ahmet Kivanc BAYRAM Date: 2025.02.24
Parent/Legal Guardian #2 Signature: Name: Sakine Esra BAYRAM Date: 2025.02.24 	This form provides for authenticated digital signatures by clicking on signature fields. Basic electronic signatures are applied instead using Fill & Sign Tool without clicking on signature field. 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.

vvvvvvvvvv TO F

PAGE vvvvvvvvvvv

AAAAAAAAAA TO FILL FULL F

MIDDLE OF PAGE AAAAAAAAAA

TÜRKİYE CUMHURİYETİ AŞI SERTİFİKASI
REPUBLIC OF TÜRKİYE VACCINATION CERTIFICATE

Soyadı / Surname

BAYRAM

Adı / Given Name(s)

AHMET KIVANÇ

T.C. Kimlik No / Identity No

48964013612

Passport No / Passport No

..

Doğum Tarihi / Date of Birth

30.09.2009



Uygulanma Tarihi / Vaccination Date
14.09.2021

Aşın Türü / Vaccine

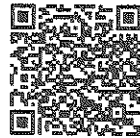
COVID19 MRNA

Aşın Türü Adı / Med. Product

COMIRNATY

Aşın Üreticisi / Manufacturer

BIONTECH



M7N48678S1

Uygulanma Tarihi / Vaccination Date
15.10.2021

Aşın Türü / Vaccine

COVID19 MRNA

Aşın Türü Adı / Med. Product

COMIRNATY

Aşın Üreticisi / Manufacturer

BIONTECH

Bu belge, Türkiye Cumhuriyeti Sağlık Bakanlığı tarafından elektronik ortamda oluşturulmuştur.



(Work:



EU Digital COVID Certificate

Bu belge, Avrupa Birliği Dijital COVID Sertifikası Programı ile elektronik ortamda oluşturulmuştur.

This generated QR code is verifiable for the countries within EU Digital COVID-19 Certificates Program.



ider)

Sponsor District: 2430

Applicant Name: Ahmet Kıvanç BAYRAM



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.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH) Ahmet Kıvanç BAYRAM		Date of Birth (YYYY-MM-DD) 2009-09-30		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street Karatas Mah. 103402 Nolu Cad. No:8	City Gaziantep	State/Province Sahinbey	Postal Code 27470	Country Turkiye
Email Address ahmetkivancbayram@gmail.com	Home Phone Number none	Mobile Phone Number +90 537 4765167		

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 space at bottom or additional pages if needed):

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

There is no problem in dental health

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, and fax (type or stamp)	Dentist Name (type or print) Dt. Eralp Evran
	Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD) 2025-02-18

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)		Name You Wish to be Called		<input checked="" type="checkbox"/> Male
Ahmet Kivanç BAYRAM		Kivanç		<input type="checkbox"/> Female
Home Address - Street		City	State/Province	Postal Code
Karatas Mah. 103402 Nolu Cad. No:8		Gaziantep	Sahinbey	27470
Country		Turkiye		
Postal Address (if different) - Street		City	State/Province	Postal Code
Country				
E-mail Address		Skype ID	Mobile Phone Number	
ahmetkivancbayram@gmail.com		live:cid.1dba14e345196fae	+90 537 4765167	
Place of Birth (City, State/Province, Country)		Citizen of (Country)	Date of Birth (YYYY-MM-DD)	
Gaziantep / Sahinbey		Turkiye	2009-09-30	

(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; (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 above 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, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned APPLICANT and PARENT/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. They hereby also authorize the host district to receive all necessary documents regarding application for visa.

e-Signature (Applicant) (or ink on paper)	Home Phone Number	Date (YYYY-MM-DD)	
	none	2025/02/24	
e-Signature of Parent/Legal Guardian #1 (or ink on paper)	Date (YYYY-MM-DD)	Mobile Phone Number	E-mail
	2025-02-24	+90 533 3841858	medipba@gmail.com
e-Signature of Parent/Legal Guardian #2 (or ink on paper)	Date (YYYY-MM-DD)	Mobile Phone Number	E-mail
	2025-02-24	+90 533 6823700	esra_birbilen@yahoo.com
Witness Name: Sponsor Rotary Club member e-signature (or ink on paper)	Date (YYYY-MM-DD)	Mobile Phone Number	E-mail
Gaziantep İpekyolu Rotary Club 	2025-02-24	+90 532 2064775	yezdanguldes@gmail.com

(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 #	Sponsor Club Name		Sponsor Club ID #
2430	Gaziantep İpekyolu Rotary Club		85659
Name of District Youth Exchange Chair	Name of Sponsor Club President	Name of Sponsor Club Youth Exchange Officer	
Kemal ATTILLA	Muzeyyen Yezdan GULDES	Tevhide Ilter Ozbay	
Street Address of District Youth Exchange Chair	Street Address of Sponsor Club President	Street Address of Sponsor Youth Exchange Officer	
Sancak Mah. 535. Sok No:9 /2	Emek mah. İbrahimli Cad. Seçkin apt.no:45 kat 5/9	Sarıgüllük Mah. Samet karlı Sk. Sanlı Apt. no:4/4	
City, State/Province, Postal Code of District YE Chair	City, State/Province, Postal Code of Sponsor Club President	City, State/Province, Postal Code of Sponsor Club YEO	
Ankara/Cankaya	Şehitkamil / Gaziantep	Şehitkamil / Gaziantep	
E-mail Address of District Youth Exchange Chair	E-mail Address of Sponsor Club President	E-mail Address of Sponsor Youth Exchange Officer	
kemal.atilla@gmail.com	yezdanguldes@gmail.com	iturkguler@hotmail.com	
e-Signature of District YE Chair (or ink on paper)	e-Signature of Sponsor Club President (or ink on paper)	e-Signature of Sponsor Club YE Officer (or ink on paper)	
Date (YYYY-MM-DD)	Home Phone Number	Date (YYYY-MM-DD)	Home Phone Number
		2025-02-24	
Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number
+90 532 2160737		+90 532 2064775	
Skype ID for District Youth Exchange Chair	Skype ID for Sponsor Club President	Skype ID for Sponsor Club Youth Exchange Officer	

Sponsor District: 2430

Applicant Name: Ahmet Kıvanç BAYRAM



Rotary Youth Exchange – Long-Term Exchange Program

Section F: Endorsements-Host Club, District & School (Guarantee Form / Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate <i>(use uppercase for your FAMILY name; e.g., John David SMITH)</i>		Name You Wish to be Called	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Ahmet Kıvanç BAYRAM		Kıvanç	
Place of Birth <i>(City, State/Province, Country)</i>	Citizen of <i>(Country)</i>	Date of Birth <i>(YYYY-MM-DD)</i>	
Gaziantep / Sahinbey	Turkiye	2009-09-30	

(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	Final 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	
Signature of Host District Youth Exchange Chair		Signature of Host Club President		Signature of Host Club Youth Exchange Officer	
Date <i>(YYYY-MM-DD)</i>	Home Phone Number	Date <i>(YYYY-MM-DD)</i>	Home Phone Number	Date <i>(YYYY-MM-DD)</i>	Home Phone Number
Skype ID	Mobile Phone Number	Skype ID	Mobile Phone Number	Skype ID	Mobile Phone Number
E-mail Address of District Youth Exchange Chair		E-mail Address of Host Club President		E-mail Address of Host Club Youth Exchange Officer	

(B) HOST CLUB COUNSELOR

Name		E-mail Address			
Address - Street		City	State/Province	Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number		Skype ID	

(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 <i>(YYYY-MM-DD)</i>	
Address - Street		City	State/Province	Postal Code	Country
Affix School's Stamp or Official Seal	Name of School Official		Title	Signature of School Official	
	E-mail Address			Date <i>(YYYY-MM-DD)</i>	

(D) FIRST HOST FAMILY

Name of Host Parent #1		Host Parent #1's E-mail Address	Business Phone	Mobile Phone	
Name of Host Parent #2		Host Parent #2's E-mail Address	Business Phone	Mobile Phone	
Host Family Home Address - Street		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				

HOST DISTRICT: Please return at least originals of the completed Endorsements/Guarantee Forms to:

Sponsor District/Multidistrict/Country Contact:



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, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological 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.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Ahmet Kıvanç BAYRAM	2025-02-24	
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Mustafa Edip BAYRAM	2025-02-24	
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Sakine Esra BAYRAM	2025-02-24	
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Gaziantep İpekyolu Rotary Club / Yezdan Guldes - Club president	2025-02-24	

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.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Ahmet Kıvanç BAYRAM	2025-02-24	
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Mustafa Edip BAYRAM	2025-02-24	
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Sakine Esra BAYRAM	2025-02-24	
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Gaziantep İpekyolu Rotary Club / Yezdan Guldes - Club president	2025-02-24	



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

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)

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Ahmet Kivanç BAYRAM	2025-02-24	
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Mustafa Edip BAYRAM	2025-02-24	
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Sakine Esra BAYRAM	2025-02-24	
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Gaziantep İpekyolu Rotary Club / Yezdan Guldes - Club president	2025-02-24	

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. This applies to all signature blocks, not only in this Section, but elsewhere in this Application Form,



Rotary Youth Exchange – Long-Term Exchange Program

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

Rotary Youth Exchange Application 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 relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

CONSENT TO USE OF PERSONAL DATA

I acknowledge that before beginning this application I was provided the above application privacy statement and translation, if needed, which I have read and understand. I consent that my personal data including medical information may be collected, used and disclosed in compliance with local privacy laws by relevant Rotary entities as described above and including any sponsoring and hosting Rotary Youth Exchange Multidistricts as needed to: verify my eligibility; 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.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Ahmet Kivanç BAYRAM	2025-02-24	
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Mustafa Edip BAYRAM	2025-02-24	
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Sakine Esra BAYRAM	2025-02-24	

BASIC CONSENT REGARDING IMAGES AND RECORDINGS

I consent to anyone associated with the Rotary Youth Exchange program including Rotary members, host family members, and agents of the program ("Rotary") recording my voice and image by any means ("Recordings"). I understand Recordings may include audio, video or still photos.

I grant free of charge the right for Rotary to use Recordings depicting my image or voice in e-mails, newsletters or youth exchange program promotions including those shared by websites or social media. I understand that laws vary by country with regard to consents or releases for use of Recordings and that my sponsoring and hosting Rotary districts may or may not each provide relevant local policies, or request other consents or releases, either as part of this application or separately at a later date.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Ahmet Kivanç BAYRAM	2025-02-24	
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Mustafa Edip BAYRAM	2025-02-24	
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Sakine Esra BAYRAM	2025-02-24	

Sponsor District: 2430

Applicant Name: Ahmet Kivanç BAYRAM



Rotary Youth Exchange – Long-Term Exchange Program

Section H-1: Secondary School Personal Reference (this page only)

Student: Complete the top section of this form. As your reference, select a teacher or administrator familiar with your abilities and accomplishments at school. Then do **one** of these two options (depending on resources and if an e-mail address is provided at the bottom of this page for submitting the form):

1. **E-mail this page** to your reference to be completed for submission to Rotary as an e-mail attachment (with e-Signature or scanned with ink signature).
2. **OR** Print this page and give to your reference with a pre-addressed postage-paid envelope to the mail address shown at the bottom of this page.

By so doing, you give permission for that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name (use uppercase for FAMILY name; e.g. John David SMITH) Ahmet Kivanç BAYRAM	Date of Birth (YYYY-MM-DD) 2009-09-30	Grade 10	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
--	--	-------------	--

Evaluator: This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and sign this form within seven days of receipt. The information you submit will not be revealed to the student, unless required by law.

How long have you known this student?

2 (Two)

In what capacity do you know this student?

1. Ratings

Area	Excellent	Good	Average	Below Average	No Basis to Rate
Creative, original thought	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to new ideas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility, adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined habits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 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? Yes No
3. Do you believe the applicant's parents/legal guardians support the wish to spend time abroad? Yes No Not Sure
4. Please use the comments box (below), if necessary, to explain your answers to questions 2 and 3, to provide any other comments on the applicant's suitability as an exchange student and cultural ambassador.

RECOMMENDATION

In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I (check one)

Strongly Recommend Recommend Have No Opinion Do Not Recommend Strongly Do Not Recommend

Explanations or additional comments (optional):

Kivanç is an enthusiastic and open-minded learner. He never ceases to learn and gain new perspectives. He is prone to cooperating with other people and a good drummer

Name Alper Kurt	Title Teacher	e-Signature (or ink on paper) 	Signature Date (YYYY-MM-DD) 2025-02-19
Name of School Gaziantep Türkiye Odalar ve Borsalar Birliği Fen Lisesi	Phone 0 530 521 06 86	E-mail alperemelkurt@gmail.com	

DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT. END OF SECTION H-1
Form return instructions: **USE REPLACE THIS TEXT WITH SPONSOR INSTRUCTIONS EXAMPLE.** THIS FORM IS NOT YET PREPARED FOR

[Click Here to select file](#)
containing copy of
Student's School Transcript

(Works best Using Adobe Acrobat or Acrobat Reader)

T.C.
GAZİANTEP VALİLİĞİ
Şahinbey Tobb Fen Lisesi Müdürlüğü
OFFICIAL TRANSCRIPT

DATE: 20/02/2025

STUDENTS			
Name Surname	AHMET KIVANC BAYRAM		
ID Number	48964013612	Place of Birth	ŞAHİNBEY
Name of Father	MUSTAFA EDİP	Date of Birth	30/09/2009
Name of Mother	SAKİNE ESRA	Gender	Male
Number	393	Grade	FL - 10. Class / E Branch
Diploma Area	FEN BİLİMLERİ ALANI (FEN LİS.)		
Branch	NA		

COURSES	Preparation Class		9. Class 2023-2024		10. Class 2024-2025		11. Class		12. Class	
	Hours / WK	End Year Report	Hours / WK	End Year Report	Hours / WK	End Year Report	Hours / WK	End Year Report	Hours / WK	End Year Report
BIOLOGY			2	76,50	2	73,75				
BİLİŞİM TEKNOLOJİLERİ VE YAZILIM			2	93,25	2	97,50				
CHEMISTRY			2	75,25	2	82,25				
ELECTIVE BASIC RELIGIOUS KNOWLEDGE			1	90,50	1	95,00				
ELECTIVE SPORTS EDUCATION			2	100,00						
FOREIGN LANGUAGE			4	97,31	4	98,88				
GEOGRAPHY			2	90,13	2	79,50				
GUIDANCE AND COUNSELLING			1							
HISTORY			2	90,00	2	80,25				
MATHEMATICS			6	78,13	6	87,50				
PHYSICAL EDUCATION AND SPORTS			2	100,00	2	100,00				
PHYSICS			2	65,63	2	77,50				
RELIGION AND ETHICS			2	89,00	2	85,50				
SEÇMELİ PROJE TASARIMI VE UYGULAMALARI			2	100,00	2	100,00				
TRAFFIC AND FIRST AID			1	100,00						
TURKISH LANGUAGE AND LITERATURE			5	89,06	5	90,05				
VISUAL ARTS/MUSIC			2	100,00	2	100,00				
PHILOSOPHY					2	100,00				
REHBERLİK					1					
SEÇMELİ ADABI MUHAZERETİ					1	100,00				
TOTAL			40		40	100,00				
ANNUAL GPA				88,57						

PERCENT	DEGREE
85,00-100	Very Good
70,00-84,99	Good
60,00-69,99	Average
50,00-59,99	Pass
0-49,99	Fail

Grade Repeition: -


EKREM KIRIK
SCHOOL MANAGER

Sponsor District: 2430

Applicant Name: Ahmet Kivanç BAYRAM



Rotary Youth Exchange – Long-Term Exchange Program

Section Z: Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must meet RYE Sponsor District signature requirements; all photographs must be inserted digitally and be of good quality. Submit the proper number of complete sets, as directed by your sponsor Rotary Club or District.

Sec.	Application Component	
A	Personal Information pages completed with photo digitally inserted	<input checked="" type="checkbox"/>
B	Letters & Photos completed, with 4 photos digitally inserted	<input checked="" type="checkbox"/>
C-1	Medical History & Examination completed and signed by physician, parents and applicant. Letter(s) of explanation and other additional pages, if any, should be appended following physician signature page.	<input checked="" type="checkbox"/>
C-2	Copies of Original Vaccination Record(s) digitally inserted.	<input checked="" type="checkbox"/>
D	Dental Health and Examination completed and signed by dentist	<input checked="" type="checkbox"/>
E	Endorsements-Sponsor Club, Student & Parents completed and signed by all persons	<input checked="" type="checkbox"/>
F	Endorsements-Host Club, District & School top of form completed, remainder left blank	<input checked="" type="checkbox"/>
G	Rules, Attestations, Permissions, Releases & Consents signed by student and parents/legal guardians	<input checked="" type="checkbox"/>
H-1	Secondary School Personal Reference form and pre-addressed stamped envelope given to your teacher or administrator (do not submit Section H-1 with your application).	<input checked="" type="checkbox"/>
H-2	Copy of school transcript (with translation into English if transcript is in another language)	<input checked="" type="checkbox"/>
P	Passport/Birth Certificate: Copy of passport (valid at least 6 months beyond the estimated end of exchange) or birth certificate (if valid passport is not available)	<input checked="" type="checkbox"/>
	Additional Forms Required by Sponsor District (if any)	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Final Instructions: When you have completed entry of the required fields in the application form, you are ready to print the document. Remember to print the proper number of copies, as directed by your sponsor Rotary Club/District. Then, you can obtain additional information and signatures where required, and use the checklist above to make sure everything is complete.

Paper copies: Assemble your application Sections A through Z into complete collated sets (excluding Section H-1). Include this checklist. Do not include any pages before Section A. Please do not staple or bind your application or any part of it; use paper clips or clamps instead. Submit the number of paper application originals specified by your local sponsor Rotary Club or District.

Electronic copy: Your RYE Sponsor District may require an electronic copy of this application instead of paper (or possibly both). If so, this may or may not include the use of electronic signatures. You will receive separate instructions from your sponsor district for preparation and electronic submission of this application, if required.

Good luck!

Rotary Youth Exchange
Long-Term Exchange Application Form
Updated - 2021 October

Fillable form revision date 2021-10-31

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

AĞIRLAYICI AİLELER BİLGİ FORMU

2025-2026 Döneminde Kulübümüzün Uzun Dönem Gençlik Değişim Programı çerçevesinde ağırlayacağı öğrencinin ağırlanacağı ailelerin bilgileri aşağıda yer almaktadır. Herhangi bir nedenle bu ailelerde bir değişiklik olması durumunda kulübümüzce komiteye önceden bilgi verilecektir.

Gaziantep İpekyolu Rotary Kulübü

Tarih : 24.02.2025

2024-2025 Dönem Başkanı

2025-2026 Dönem Başkanı

Adı Soyadı : M.Yezdan GÜLDEŞ

Adı Soyadı : Jülide EREN

Telefon : +90 532 206 47 75

Telefon : +90 537 925 09 58

Faks :

Faks :

E-posta : yezdanguldes@gmail.com

E-posta : julideeren@aydincelebi.com.tr

İmza :

İmza :

Ağırlayıcı Aile 1: Türkiye'ye geldiğinde kalacağı ilk aile.

	Baba	Anne
Adı ve Soyadı	: Mustafa Edip BAYRAM	Sakine Esra BAYRAM
Rotaryen ise Kulübü	:	
Telefon	: +90 533 384 1858	+90 533 682 37 00
E-posta	: medipba@gmail.com	esra_birbilen@yahoo.com
Ev adresi	: Karataş mah. 103402 Nolu Cad. No:8 Yüksekbilgili Sitesi Kat 2 D4 Şahinbey / Gaziantep	

Ağırlayıcı Aile 2: Taşınacağı Tarih:

	Baba	Anne
Adı ve Soyadı	: Erdal KARAKUŞOĞLU	Ebru KARAKUŞOĞLU
Rotaryen ise Kulübü	:	Gaziantep Alleben Rotary Club
Telefon	: +90 532 792 9502	+90 532 512 87 54
E-posta	: erdal.karakusoglu@hotmail.com	ebru.karakusoglu@aktifbank.com.tr
Ev adresi	: Beştepe Mah. Antepia Sitesi 192091Nolu Cad. F1 Blok D2 Şahinbey / Gaziantep	

Ağırlayıcı Aile 3: Taşınacağı Tarih:

	Baba	Anne
Adı ve Soyadı	: Mustafa Tolga GÜLDEŞ	Müzeyyen Yezdan GÜLDEŞ
Rotaryen ise Kulübü	:	Gaziantep İpekyolu Rotary Club
Telefon	: +90 532 421 58 70	+90 532 206 47 75
E-posta	: tolgaguldes@hotmail.com	yezdanguldes@gmail.com
Ev adresi	: Emek Mah. İbrahimli Cad. Seçkin Apt. No:45 Kat5 Daire 9 Şehitkamil / Gaziantep	

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

2430. Bölge Gençlik Programı
Gönüllü Ailelik Beyanı

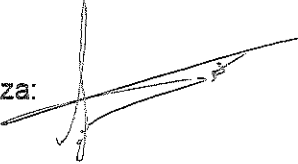
2430. Bölge Gençlik Değişim Programları çerçevesinde, kızımız/oğlumuz Ahmet Kıvanç BAYRAM.....'nın yurt dışına değişim programı öğrencisi olarak gitmesinden bağımsız olarak, yurt dışından gelecek bir genci bir eğitim-öğretim dönemi boyunca misafir etmek istiyoruz.

Gelecek genci, kendi evladımız gibi göreceğimizi, yeme-içme, barınma, temizlik ihtiyacını sağlayacağımızı, onu bir okula kaydettirerek, devam etmesini sağlayacağımızı, okula gitmesi için gerekli ulaşım harcaması ile okuldaki yemek giderlerini karşılayacağımızı, aile olarak yapacağımız tüm etkinliklere (dışarıda yemek, tatil, bayramlar, kutlamalar,vb.) onu da bir evladımız olarak katacağımızı, onu da birlikte götürmeyeceğimiz şehir/ülke dışı tatilleri için yanlarında kalabileceği Rotary tarafından uygun görülecek bir yedek aile temin edeceğimizi, Göç Dairesi'ne öğrencinin oturma izni için başvuracağımıza, oturma izni mülakatına götüreceğimizi, kendisini yönlendireceğimizi ve yardımcı olacağımızı; misafir edeceğimiz gencin emniyet ve selameti için elimizden geleni esirgemeyeceğimizi, Türkçe öğrenmesi ve örf ve adetlerimizi tanıması için destek olacağımızı; tüm bunları gönüllü olarak yapmayı istediğimizi ve yapacağımızı beyan ve taahhüt ederiz.


Anne Ad-Soyad: Sabine Esra BAYRAM

Baba Ad-Soyad: Mustafa Edip BAYRAM

İmza:



İmza:



Adres: Karadağ Mh. 103402 nl-sk-
No:8 İ-Halil Yeksekbilgili Sit. B blok
K:2 D:4 Şahinbey / Gaziantep

Adres: Karadağ Mh. 103402 nl-sk No:8
İ-Halil Yeksekbilgili Sit. B blok K:2 D:4
Şahinbey / Gaziantep

Tel: 533 6823700

Tel: 533 3841858

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

Youth Volunteer Affidavit

RI District 2430 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, their spouses and partners, and any other volunteers to safeguard to the best of their ability the welfare of children and young people involved in Rotary programs or activities and prevent physical, sexual, or emotional abuse of young participants.

PERSONAL INFORMATION			
Name:	Mustafa Edip BAYRAM		
Address:	Karatas Mh. 103602 n. sk. No.81. Halı Yıkaraklı 11 St. BBTK. K:2 D:4		
City:	Gaziantep	State/Province:	Sahinbey
		Postal Code:	27470
How long at this address? (If fewer than five years, list previous residence[s] on the back of this sheet.)			
TR Identity Card Number :	37558380582		
Date of Birth (dd/mm/yyyy):	07/02/1977		

CONSENT

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge and that I have not withheld any information that would affect this affidavit unfavorably. I understand that District 2430 youth programs will deny a volunteer position to anyone convicted of a crime of violence.

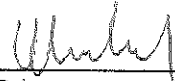
I give my permission to District 2430 to verify information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks) and contact with my former employers and with references provided. I understand that this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review the criminal history and, if I dispute the record as received, a procedure is available for clarification.

WAIVER

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 2430 youth programs and its affiliates.

I acknowledge that I have read and understand the above affidavit, consent, and waiver and that I sign this form voluntarily.

Signature of Applicant:		
Please Print Name:	Mustafa Edip BAYRAM	Date (dd/mm/yyyy): 24/02/2025

ADDITIONAL INFORMATION			
Home Phone:	-	E-mail:	medipba@gmail.com
Business Phone:	090342 5023446	Fax:	-
Are you a member of a Rotary club?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate club name and year joined: _____			
Position applied for:			
a) Host Family member: <input checked="" type="checkbox"/> b) Counselor: <input type="checkbox"/> c) Club YEC member: <input type="checkbox"/> d) District YEC member: <input type="checkbox"/> e) Other: <input type="checkbox"/>			
Have you held a Rotary youth programs position in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, what position and when? _____			

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

EMPLOYMENT HISTORY (for the past five years; attach additional sheets, if necessary)

Current Employer		Baran-Tur İnşaat İa ve Dış Tic. Ltd. Şti.			
Address		5. Organize Sırası Bölgesi 33555 n. cd. No. 6			
City	Gaziantep	Province	Şanlıurfa	Postal Code	27620
Phone	090342 5023446	Position	Manager		
Dates of Employment	01.01.2021	Supervisor's Name	Turgut YILMAZTURAN		
Previous Employer		Batas Ayakkabıcılık A.Ş.			
Address		4. Organize Sırası Bölgesi 83420 n. cd. No. 2			
City	Gaziantep	Province	Şanlıurfa	Postal Code	27620
Phone		Position	Manager		
Dates of Employment	01.01.2012	Supervisor's Name	Bulent Ertan KARAKULLUKCU		

VOLUNTEER HISTORY WITH YOUTH (for the past five years; attach additional sheets, if necessary)

Organization:					
Address:					
City		Province		Postal Code	
Phone		Position			
Dates Held:		Director's Name			

Organization:					
Address:					
City		Province		Postal Code	
Phone		Position			
Dates Held:		Director's Name			

PERSONAL REFERENCES (may not be relatives; no more than one former or current Rotarian)

1. Name:	Erdal Karakusoglu				
Address:	Bestepe Mh. 192031 n. cd. Antepia Toplu Yürüm Sht. F1 Blok D: 2				
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code:	27010
Phone:	090532 7929502	Relationship:	Friend		
2. Name:	Müezzeyen Yeşeren GÜLDES				
Address:	Emek Mh. İbrahimullı cd. No: 45 Sektör Apt. K: 5 D: 9				
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code:	27060
Phone:	030532 2064775	Relationship:	Friend		
3. Name:	Mustafa Balga GÜLDES				
Address:	Emek Mh. İbrahimullı cd. No: 45 Sektör Apt. K: 5 D: 9				
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code:	27060
Phone:	030532 4215870	Relationship:	Friend		

QUALIFICATIONS AND TRAINING

What relevant qualifications or training do you have for this position? Please describe in full.
Gaziantep High School

CRIMINAL HISTORY

1. Have you ever been charged with, been convicted of, or pled guilty to any crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been subject to any court order (including civil, family, and criminal courts) involving sexual, physical, or verbal abuse, including but not limited to domestic violence or civil harassment injunction or protective order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain. Also indicate dates(s) of incidents(s) and the country and state in which each occurred (attach a separate sheet, if needed).



0000-2025-3152237174 / 13:50

REPUBLIC OF TÜRKİYE
TÜRKİYE CUMHURİYETİ
MINISTRY OF JUSTICE
ADALET BAKANLIĞI

DIRECTORATE GENERAL OF CRIMINAL RECORDS AND STATISTICS
ADLİ SİCİL VE İSTATİSTİK GENEL MÜDÜRLÜĞÜ

DOCUMENT NUMBER : 0000-2025-3152237174 / 13:50
SAYI
SOURCE / DATE OF DOCUMENT : İNTERNET (www.turkiye.gov.tr) / 18.02.2025
YER / TARİH
TYPE OF CRIMINAL RECORD CHECK : YABANCI DİL
SORGU TÜRÜ
INTENDED USE : ROTARY KULÜBÜ DERNEĞİ
KULLANIM AMACI
TYPE OF PERSONAL IDENTIFICATION : MERNİS
KİMLİK TÜRÜ

IDENTITY INFORMATION SUBJECT TO CRIMINAL RECORD CHECK
SORGULAMAYA ESAS KİMLİK BİLGİLERİ

IDENTITY NUMBER : 37558380582
KİMLİK NUMARASI
NAME , SURNAME : MUSTAFA EDİP, BAYRAM
AD, SOYAD
MOTHER'S NAME / FATHER'S NAME : AYŞE ESİN / AHMET HAMİT
ANNE ADI / BABA ADI
PLACE OF BIRTH / DATE OF BIRTH : GAZİANTEP / 07.02.1977
DOĞUM YERİ / TARİHİ

+-----+

RESULTS OF THE CRIMINAL RECORD CHECK
ADLİ SİCİL KAYDI SORGULAMASI SONUÇLARI

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL KAYDI YOKTUR.

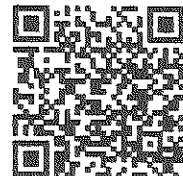
THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO ARCHIVAL CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL ARŞİV KAYDI YOKTUR.

+-----+

NOTE: THIS CHECK IS BASED ON THE ABOVE IDENTITY INFORMATION SUBJECT TO THE CRIMINAL
RECORD CHECK. (ENGLISH)

NOT : BU SORGULAMA YUKARIDAKİ "SORGULAMAYA ESAS KİMLİK BİLGİLERİ" NE GÖRE YAPILMIŞTIR. (İNGİLİZCE)

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinde veya mobil cihazınıza yükleyebileceğiniz e-Devlet Kapısı'na ait Barkodlu Belge Doğrulama uygulaması vasıtası ile yandaki karekod okutularak kontrol edilebilir.



ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

Youth Volunteer Affidavit

RI District 2430 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, their spouses and partners, and any other volunteers to safeguard to the best of their ability the welfare of children and young people involved in Rotary programs or activities and prevent physical, sexual, or emotional abuse of young participants.

PERSONAL INFORMATION				
Name:	Sakine Esra BAYRAM			
Address:	Karatay Mh. 103402 n. sk. No: 8 i. Halil Yakarbbıllı st. Blok K: 2 D: 4			
City:	Başıkentep	State/Province:	Sakınbey	Postal Code:
How long at this address? (If fewer than five years, list previous residence[s] on the back of this sheet.)				
TR Identity Card Number :	21025923396			
Date of Birth (dd/mm/yyyy):	14/02/1979			

CONSENT

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge and that I have not withheld any information that would affect this affidavit unfavorably. I understand that District 2430 youth programs will deny a volunteer position to anyone convicted of a crime of violence.

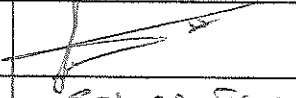
I give my permission to District 2430 to verify information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks) and contact with my former employers and with references provided. I understand that this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review the criminal history and, if I dispute the record as received, a procedure is available for clarification.

WAIVER

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 2430 youth programs and its affiliates.

I acknowledge that I have read and understand the above affidavit, consent, and waiver and that I sign this form voluntarily.

Signature of Applicant:			
Please Print Name:	Sakine Esra BAYRAM	Date (dd/mm/yyyy):	24/02/2025

ADDITIONAL INFORMATION			
Home Phone:	-	E-mail:	esra-birbilir@yahoo.com
Business Phone:	090362 217431	Fax:	-
Are you a member of a Rotary club?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, indicate club name and year joined: _____			
Position applied for:			
a) Host Family member: <input checked="" type="checkbox"/> b) Counselor: <input type="checkbox"/> c) Club YEC member: <input type="checkbox"/> d) District YEC member: <input type="checkbox"/> e) Other: <input type="checkbox"/>			
Have you held a Rotary youth programs position in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, what position and when? _____			

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

EMPLOYMENT HISTORY (for the past five years; attach additional sheets, if necessary)

Current Employer		ODEA BANK A.Ş.			
Address		Nasrullah Mh. Prof. Muhammed Aksoy Bld. Coşku Is Mrk. No.151A			
City	Gaziantep	Province	Sahitkamil	Postal Code	27090
Phone	090342 217431	Position	Deputy Bank Branch Manager		
Dates of Employment	12.06.2013	Supervisor's Name	Özen KURKUMOĞLU		
Previous Employer		T.İs Bankası A.Ş.			
Address		Belediye cd. No. 26/A			
City	Gaziantep	Province	Sahinbey	Postal Code	27220
Phone	090342 2313500	Position	Operation Specialist		
Dates of Employment	04.10.2005	Supervisor's Name	Serkan PAZMAKSIZ		

VOLUNTEER HISTORY WITH YOUTH (for the past five years; attach additional sheets, if necessary)

Organization:					
Address:					
City		Province		Postal Code	
Phone		Position			
Dates Held:		Director's Name			

Organization:					
Address:					
City		Province		Postal Code	
Phone		Position			
Dates Held:		Director's Name			

PERSONAL REFERENCES (may not be relatives; no more than one former or current Rotarian)

1. Name:	Ebru KARAKUSOĞLU				
Address:	Bestepe Mh. Antepia Toplu Yasa Sit. 192031n1. cd. F1 Blok D: 2				
City:	Gaziantep	State/Province:	Sahinbey	Postal Code:	27010
Phone:	090532 5128754	Relationship:	Friend		
2. Name:	Müezzeyen Yeşeren GÜLDES				
Address:	Emek Mh. İbrahimli cd. No: 45 Sektör Apt. K: 5 D: 9				
City:	Gaziantep	State/Province:	Sahitkamil	Postal Code:	27060
Phone:	090532 2064775	Relationship:	Friend		
3. Name:	Mustafa Tolga GÜLDES				
Address:	Emek Mh. İbrahimli cd. No: 45 Sektör Apt. K: 5 D: 9				
City:	Gaziantep	State/Province:	Sahitkamil	Postal Code:	27060
Phone:	090532 4215870	Relationship:	Friend		

QUALIFICATIONS AND TRAINING

What relevant qualifications or training do you have for this position? Please describe in full.
University of Gaziantep / Economy Faculty

CRIMINAL HISTORY

1. Have you ever been charged with, been convicted of, or pled guilty to any crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been subject to any court order (including civil, family, and criminal courts) involving sexual, physical, or verbal abuse, including but not limited to domestic violence or civil harassment injunction or protective order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain. Also indicate dates(s) of incidents(s) and the country and state in which each occurred (attach a separate sheet, if needed).



0000-2025-3187072066 / 15:49

REPUBLIC OF TÜRKİYE
TÜRKİYE CUMHURİYETİ
MINISTRY OF JUSTICE
ADALET BAKANLIĞI

DIRECTORATE GENERAL OF CRIMINAL RECORDS AND STATISTICS
ADLİ SİCİL VE İSTATİSTİK GENEL MÜDÜRLÜĞÜ

DOCUMENT NUMBER : 0000-2025-3187072066 / 15:49
SAYI
SOURCE / DATE OF DOCUMENT : İNTERNET (www.turkiye.gov.tr) / 09.03.2025
YER / TARİH
TYPE OF CRIMINAL RECORD CHECK : YABANCI DİL
SORGU TÜRÜ
INTENDED USE : ROTARY KULÜBÜ DERNEĞİ
KULLANIM AMACI
TYPE OF PERSONAL IDENTIFICATION : MERNİS
KİMLİK TÜRÜ

IDENTITY INFORMATION SUBJECT TO CRIMINAL RECORD CHECK
SORGULAMAYA ESAS KİMLİK BİLGİLERİ

IDENTITY NUMBER : 21025923396
KİMLİK NUMARASI
NAME , SURNAME : SAKİNE ESRA, BAYRAM
AD, SOYAD
MOTHER'S NAME / FATHER'S NAME : NAİME NEŞE / MUSTAFA LAMİ
ANNE ADI / BABA ADI
PLACE OF BIRTH / DATE OF BIRTH : NİZİP / 14.02.1979
DOĞUM YERİ / TARİHİ

+-----+

RESULTS OF THE CRIMINAL RECORD CHECK
ADLİ SİCİL KAYDI SORGULAMASI SONUÇLARI

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL KAYDI YOKTUR.

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO ARCHIVAL CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL ARŞİV KAYDI YOKTUR.

+-----+

NOTE: THIS CHECK IS BASED ON THE ABOVE IDENTITY INFORMATION SUBJECT TO THE CRIMINAL
RECORD CHECK. (ENGLISH)
NOT : BU SORGULAMA YUKARIDAKİ "SORGULAMAYA ESAS KİMLİK BİLGİLERİ" NE GÖRE YAPILMIŞTIR. (İNGİLİZCE)

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinde veya mobil cihazınıza yükleyebileceğiniz e-Devlet Kapısı'na ait Barkodlu Belge Doğrulama uygulaması vasıtası ile yandaki karekod okutularak kontrol edilebilir.



ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

**2430. Bölge Gençlik Programı
Gönüllü Ailelik Beyanı**

2430. Bölge Gençlik Değişim Programları çerçevesinde, kızımız/oğlumuz
.....'nın yurt dışına değişim programı
öğrencisi olarak gitmesinden bağımsız olarak, yurt dışından gelecek bir genci bir eğitim-
öğretim dönemi boyunca misafir etmek istiyoruz.

Gelecek genci, kendi evladımız gibi göreceğimizi, yeme-içme, barınma, temizlik ihtiyacını sağlayacağımızı, onu bir okula kaydettirerek, devam etmesini sağlayacağımızı, okula gitmesi için gerekli ulaşım harcaması ile okuldaki yemek giderlerini karşılayacağımızı, aile olarak yapacağımız tüm etkinliklere (dışarıda yemek, tatil, bayramlar, kutlamalar,vb.) onu da bir evladımız olarak katacağımızı, onu da birlikte götürmeyeceğimiz şehir/ülke dışı tatilleri için yanlarında kalabileceği Rotary tarafından uygun görülecek bir yedek aile temin edeceğimizi, Göç Dairesi'ne öğrencinin oturma izni için başvuracağımıza, oturma izni mülakatımına götüreceğimizi, kendisini yönlendireceğimizi ve yardımcı olacağımızı; misafir edeceğimiz gencin emniyet ve selameti için elimizden geleni esirgemeyeceğimizi, Türkçe öğrenmesi ve örf ve adetlerimizi tanınması için destek olacağımızı; tüm bunları gönüllü olarak yapmayı istediğimizi ve yapacağımızı beyan ve taahhüt ederiz.

Anne Ad-Soyad:

Ebru Karakuşoğlu

İmza:

Adres:

Bestepe Mah. 192091 Nolu Cadde Antepia Toplu
Yasam Sitesi F-1 Blok No:27 Daire:2 Sahinbey
Gaziantep

Baba Ad-Soyad:

Erdal Karakuşoğlu

İmza:

Adres:

Bestepe Mah. 192091 Nolu Cadde Antepia Toplu
Yasam Sitesi F-1 Blok No:27 Daire:2 Sahinbey
Gaziantep

Tel:

090 532 5128754

Tel:

+90 532 7929502

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

Youth Volunteer Affidavit

RI District 2430 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, their spouses and partners, and any other volunteers to safeguard to the best of their ability the welfare of children and young people involved in Rotary programs or activities and prevent physical, sexual, or emotional abuse of young participants.

PERSONAL INFORMATION			
Name:	Ebru Karakusoglu		
Address:	Bostepe mah. Antepia Toplu Yasm Stasi 192091 Indira F1 Blok D: 2		
City:	Gaziantep	State/Province:	Sahinbey
		Postal Code:	27010
How long at this address? (If fewer than five years, list previous residence[s] on the back of this sheet.) 10 years			
TR Identity Card Number :	17762043886		
Date of Birth (dd/mm/yyyy):	21/04/1975		

CONSENT

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge and that I have not withheld any information that would affect this affidavit unfavorably. I understand that District 2430 youth programs will deny a volunteer position to anyone convicted of a crime of violence.

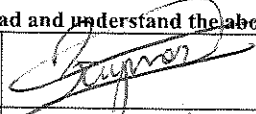
I give my permission to District 2430 to verify information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks) and contact with my former employers and with references provided. I understand that this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review the criminal history and, if I dispute the record as received, a procedure is available for clarification.

WAIVER

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 2430 youth programs and its affiliates.

I acknowledge that I have read and understand the above affidavit, consent, and waiver and that I sign this form voluntarily.

Signature of Applicant:			
Please Print Name:	Ebru Karakusoglu	Date (dd/mm/yyyy):	18.02.2025

ADDITIONAL INFORMATION			
Home Phone:	050 342 324 7900	E-mail:	ebru.karakusoglu@dtifbank.com.tr
Business Phone:		Fax:	
Are you a member of a Rotary club? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate club name and year joined: Gaziantep Alleben Rotary Club / 2023			
Position applied for:			
a) Host Family member: <input checked="" type="checkbox"/> b) Counselor: <input type="checkbox"/> c) Club YEC member: <input type="checkbox"/> d) District YEC member: <input type="checkbox"/> e) Other: <input type="checkbox"/>			
Have you held a Rotary youth programs position in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, what position and when? _____			

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

EMPLOYMENT HISTORY (for the past five years; attach additional sheets, if necessary)

Current Employer	Aktif Investment Bank A.Ş./Gaziantep Branch				
Address	Değirmen mah. Mammer Aksoy Bulvarı No:301C				
City	Gaziantep	Province	Şanlıurfa	Postal Code	27090
Phone	090 32 324 7900	Position	Branch Manager		
Dates of Employment	15.03.2016	Supervisor's Name	Hakan Pirdeloğlu		
Previous Employer	Akbank A.Ş. / Bireverler Branch				
Address	Bireverler				
City	Gaziantep	Province	Şanlıurfa	Postal Code	27010
Phone		Position			
Dates of Employment	3.10.2013	Supervisor's Name	Özalp Kibar		

VOLUNTEER HISTORY WITH YOUTH (for the past five years; attach additional sheets, if necessary)

Organization:					
Address:					
City		Province		Postal Code	
Phone		Position			
Dates Held:		Director's Name			

Organization:					
Address:					
City		Province		Postal Code	
Phone		Position			
Dates Held:		Director's Name			

PERSONAL REFERENCES (may not be relatives; no more than one former or current Rotarian)

1. Name:	Sabine Esra Bayram				
Address:	Kızılcak mah. 103102 Cad. No: 81 İbrahim Hakkı Yıldırım Bldi: 5. Kat: Blok D: 4				
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code:	27010
Phone:	090 533 682 3700	Relationship:	Friend		
2. Name:	Emine Sult Baka				
Address:	Batıkent mah. Bahattin Aksoy Cad. No: 9 Verda Apt D: 10				
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code:	27090
Phone:	090 532 388 3741	Relationship:	Friend		
3. Name:	Ahmet İlker Sat				
Address:	Batıkent mah. Bahattin Aksoy Cad. No: 9 Verda Apt D: 10				
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code:	27090
Phone:	090 532 388 3741	Relationship:	Friend		

QUALIFICATIONS AND TRAINING

What relevant qualifications or training do you have for this position? Please describe in full.	Istanbul University Political Science Faculty International Affairs Department
--	---

CRIMINAL HISTORY

1. Have you ever been charged with, been convicted of, or pled guilty to any crime(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been subject to any court order (including civil, family, and criminal courts) involving sexual, physical, or verbal abuse, including but not limited to domestic violence or civil harassment injunction or protective order?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain. Also indicate dates(s) of incidents(s) and the country and state in which each occurred (attach a separate sheet, if needed).	



0000-2025-3153658045 / 19:29

REPUBLIC OF TÜRKİYE
TÜRKİYE CUMHURİYETİ
MINISTRY OF JUSTICE
ADALET BAKANLIĞI

DIRECTORATE GENERAL OF CRIMINAL RECORDS AND STATISTICS
ADLİ SİCİL VE İSTATİSTİK GENEL MÜDÜRLÜĞÜ

DOCUMENT NUMBER : 0000-2025-3153658045 / 19:29
SAYI
SOURCE / DATE OF DOCUMENT : İNTERNET (www.turkiye.gov.tr) / 18.02.2025
YER / TARİH
TYPE OF CRIMINAL RECORD CHECK : YABANCI DİL
SORGU TÜRÜ
INTENDED USE : ROTARY KULÜBÜ DERNEĞİ
KULLANIM AMACI
TYPE OF PERSONAL IDENTIFICATION : MERNİS
KİMLİK TÜRÜ

IDENTITY INFORMATION SUBJECT TO CRIMINAL RECORD CHECK
SORGULAMAYA ESAS KİMLİK BİLGİLERİ

IDENTITY NUMBER : 17762043886
KİMLİK NUMARASI
NAME , SURNAME : EBRU, KARAKUŞOĞLU
AD, SOYAD
MOTHER'S NAME / FATHER'S NAME : HÜSNİYE / İSMET ERDOĞAN
ANNE ADI / BABA ADI
PLACE OF BIRTH / DATE OF BIRTH : BAKIRKÖY / 21.04.1975
DOĞUM YERİ / TARİHİ

+-----+

RESULTS OF THE CRIMINAL RECORD CHECK
ADLİ SİCİL KAYDI SORGULAMASI SONUÇLARI

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL KAYDI YOKTUR.

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO ARCHIVAL CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL ARŞİV KAYDI YOKTUR.

+-----+

NOTE: THIS CHECK IS BASED ON THE ABOVE IDENTITY INFORMATION SUBJECT TO THE CRIMINAL
RECORD CHECK. (ENGLISH)
NOT : BU SORGULAMA YUKARIDAKİ "SORGULAMAYA ESAS KİMLİK BİLGİLERİ" NE GÖRE YAPILMIŞTIR. (İNGİLİZCE)

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinde veya mobil cihazınıza yükleyebileceğiniz e-Devlet Kapısı'na ait Barkodlu Belge Doğrulama uygulaması vasıtası ile yandaki karekod okutularak kontrol edilebilir.



ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

Youth Volunteer Affidavit

RI District 2430 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, their spouses and partners, and any other volunteers to safeguard to the best of their ability the welfare of children and young people involved in Rotary programs or activities and prevent physical, sexual, or emotional abuse of young participants.

PERSONAL INFORMATION				
Name:	Erdal Karadasoglu			
Address:	Beştepe Mh. 192091 Noh Cd. Antepia Toplu Yapan Sitesi F-1 Blok			
City:	Gözüntepe	State/Province:	Şişli	Postal Code: 27010
How long at this address? (If fewer than five years, list previous residence[s] on the back of this sheet.)	10			
TR Identity Card Number :	18527015896			
Date of Birth (dd/mm/yyyy):	05.07.1976			

CONSENT

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge and that I have not withheld any information that would affect this affidavit unfavorably. I understand that District 2430 youth programs will deny a volunteer position to anyone convicted of a crime of violence.


I give my permission to District 2430 to verify information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks) and contact with my former employers and with references provided. I understand that this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review the criminal history and, if I dispute the record as received, a procedure is available for clarification.

WAIVER

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 2430 youth programs and its affiliates.

I acknowledge that I have read and understand the above affidavit, consent, and waiver and that I sign this form voluntarily.

Signature of Applicant:			
Please Print Name:	Erdal Karadasoglu	Date (dd/mm/yyyy):	18.02.2025

ADDITIONAL INFORMATION

Home Phone:	—	E-mail:	erdalkaradasoglu@hotmail.com
Business Phone:	090 216 222 2930	Fax:	
Are you a member of a Rotary club?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate club name and year joined:	—		
Position applied for:	a) Host Family member: <input checked="" type="checkbox"/> b) Counselor: <input type="checkbox"/> c) Club YEC member: <input type="checkbox"/> d) District YEC member: <input type="checkbox"/> e) Other: <input type="checkbox"/>		
Have you held a Rotary youth programs position in the past?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what position and when?	—		

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

EMPLOYMENT HISTORY (for the past five years; attach additional sheets, if necessary)

Current Employer	Parista Capital Partners			
Address	Kuzuncuk Mh. Kuzuncuk Caddesi Cd. No:39			
City	Istanbul	Province	Dikili	Postal Code
Phone	0905327929502	Position	Regional Business Partner	
Dates of Employment	01.11.2023	Supervisor's Name	Ali Yörüktü	
Previous Employer	Odeabank A.S. Gaziantep Branch			
Address	İnciköy Mh. Çarşı ii Mh. No:42/B			
City	Gaziantep	Province	Şanlıurfa	Postal Code
Phone		Position	Corporate Branch Manager	
Dates of Employment	01.04.2017	Supervisor's Name	Ömer Özgül	

VOLUNTEER HISTORY WITH YOUTH (for the past five years; attach additional sheets, if necessary)

Organization:				
Address:				
City		Province		Postal Code
Phone		Position		
Dates Held:		Director's Name		

Organization:				
Address:				
City		Province		Postal Code
Phone		Position		
Dates Held:		Director's Name		

PERSONAL REFERENCES (may not be relatives; no more than one former or current Rotarian)

1. Name:	Mustafa Edip Bayram			
Address:	Karataş Mh. 103402 Cd. Sk No:8 İbrahimkhalil Yılmazkızı Sok.			
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code: 27010
Phone:	090533841858	Relationship:	Friend	
2. Name:	Ahmet İler Suat			
Address:	Botikent Mh. Bahattin Alayöz Cd. No:9/10			
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code: 27090
Phone:	0905323883999	Relationship:	Friend	
3. Name:	Emine Suat			
Address:	Botikent Mh. Bahattin Alayöz Cd. No:9/10			
City:	Gaziantep	State/Province:	Şanlıurfa	Postal Code: 27090
Phone:	0905023883848	Relationship:	Friend	

QUALIFICATIONS AND TRAINING

What relevant qualifications or training do you have for this position? Please describe in full.

Istanbul University Political Science Faculty Economy Dept.

CRIMINAL HISTORY

1. Have you ever been charged with, been convicted of, or pled guilty to any crime(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you ever been subject to any court order (including civil, family, and criminal courts) involving sexual, physical, or verbal abuse, including but not limited to domestic violence or civil harassment injunction or protective order?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please explain. Also indicate dates(s) of incidents(s) and the country and state in which each occurred (attach a separate sheet, if needed).		



0000-2025-3153575940 / 18:53

REPUBLIC OF TÜRKİYE
TÜRKİYE CUMHURİYETİ
MINISTRY OF JUSTICE
ADALET BAKANLIĞI

DIRECTORATE GENERAL OF CRIMINAL RECORDS AND STATISTICS
ADLI SİCİL VE İSTATİSTİK GENEL MÜDÜRLÜĞÜ

DOCUMENT NUMBER : 0000-2025-3153575940 / 18:53
SAYI
SOURCE / DATE OF DOCUMENT : İNTERNET (www.turkiye.gov.tr) / 18.02.2025
YER / TARİH
TYPE OF CRIMINAL RECORD CHECK : YABANCI DİL
SORGU TÜRÜ
INTENDED USE : ROTARY KULÜBÜ DERNEĞİ
KULLANIM AMACI
TYPE OF PERSONAL IDENTIFICATION : MERNİS
KİMLİK TÜRÜ

IDENTITY INFORMATION SUBJECT TO CRIMINAL RECORD CHECK
SORGULAMAYA ESAS KİMLİK BİLGİLERİ

IDENTITY NUMBER : 18527015896
KİMLİK NUMARASI
NAME , SURNAME : ERDAL, KARAKUŞOĞLU
AD, SOYAD
MOTHER'S NAME / FATHER'S NAME : AYSEL / HACI
ANNE ADI / BABA ADI
PLACE OF BIRTH / DATE OF BIRTH : GAZİANTEP / 05.07.1976
DOĞUM YERİ / TARİHİ

+-----+

RESULTS OF THE CRIMINAL RECORD CHECK
ADLI SİCİL KAYDI SORGULAMASI SONUÇLARI

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLI SİCİL KAYDI YOKTUR.

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO ARCHIVAL CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLI SİCİL ARŞİV KAYDI YOKTUR.

+-----+

NOTE: THIS CHECK IS BASED ON THE ABOVE IDENTITY INFORMATION SUBJECT TO THE CRIMINAL
RECORD CHECK. (ENGLISH)
NOT : BU SORGULAMA YUKARIDAKİ "SORGULAMAYA ESAS KİMLİK BİLGİLERİ" NE GÖRE YAPILMIŞTIR. (İNGİLİZCE)

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinde veya mobil cihazımıza yükleyebileceğiniz e-Devlet Kapısı'na ait Barkodlu Belge Doğrulama uygulaması vasıtası ile yandaki karekod okutularak kontrol edilebilir.



ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

**2430. Bölge Gençlik Programı
Gönüllü Ailelik Beyanı**

2430. Bölge Gençlik Değişim Programları çerçevesinde, kızımız/oğlumuz
AHMET KIVANÇ BAYRAM.....'nın yurt dışına değişim programı
öğrencisi olarak gitmesinden bağımsız olarak, yurt dışından gelecek bir genci bir eğitim-
öğretim dönemi boyunca misafir etmek istiyoruz.

Gelecek genci, kendi evladımız gibi göreceğimizi, yeme-içme, barınma, temizlik ihtiyacını
sağlayacağımızı, onu bir okula kaydettirerek, devam etmesini sağlayacağımızı, okula gitmesi
için gerekli ulaşım harcaması ile okuldaki yemek giderlerini karşılayacağımızı, aile olarak
yapacağımız tüm etkinliklere (dışarıda yemek, tatil, bayramlar, kutlamalar,vb.) onu da bir
evladımız olarak katacağımızı, onu da birlikte götürmeyeceğimiz şehir/ülke dışı tatilleri için
yanlarında kalabileceği Rotary tarafından uygun görülecek bir yedek aile temin edeceğimizi,
Göç Dairesi'ne öğrencinin oturma izni için başvuracağımıza, oturma izni mülakatına
götüreceğimizi, kendisini yönlendireceğimizi ve yardımcı olacağımızı; misafir edeceğimiz
gencin emniyet ve selameti için elimizden geleni esirgemeyeceğimizi, Türkçe öğrenmesi ve
örf ve adetlerimizi tanıması için destek olacağımızı; tüm bunları gönüllü olarak yapmayı
istediğimizi ve yapacağımızı beyan ve taahhüt ederiz.

Anne Ad-Soyad:

MÜZEYYEN YEZDAN GÜNDEŞ

İmza:



Adres:

EMEK MAH. İBRAHİMLİ CAD. SEÇKİN APT NO: 45
KAT : 5 DAİRE :9
ŞEHİTKAMİL / GAZİANTEP

Baba Ad-Soyad:

MUSTAFA TOLGA GÜNDEŞ

İmza:



Adres:

EMEK MAH. İBRAHİMLİ CAD. SEÇKİN APT NO: 45
KAT : 5 DAİRE :9
ŞEHİTKAMİL / GAZİANTEP

Tel:

+ 90 532 206 47 75

Tel:

+90 532 421 58 70

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

Youth Volunteer Affidavit

RI District 2430 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, their spouses and partners, and any other volunteers to safeguard to the best of their ability the welfare of children and young people involved in Rotary programs or activities and prevent physical, sexual, or emotional abuse of young participants.

PERSONAL INFORMATION			
Name:	MUSTAFA TOLGA GÜLDEŞ		
Address:	İsmail Ernek Mah. İbrahimli Cad. SSK İn Apt. No: 45 Kat: 5 Daire: 9		
City:	Sabitkanlı / Gaziantep	State/Province:	GAZİANTEP
		Postal Code:	23060
How long at this address? (If fewer than five years, list previous residence[s] on the back of this sheet.)			10
TR Identity Card Number :	23113036896		
Date of Birth (dd/mm/yyyy):	02.12.1974		

CONSENT

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge and that I have not withheld any information that would affect this affidavit unfavorably. I understand that District 2430 youth programs will deny a volunteer position to anyone convicted of a crime of violence.


I give my permission to District 2430 to verify information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks) and contact with my former employers and with references provided. I understand that this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review the criminal history and, if I dispute the record as received, a procedure is available for clarification.

WAIVER

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 2430 youth programs and its affiliates.

I acknowledge that I have read and understand the above affidavit, consent, and waiver and that I sign this form voluntarily.

Signature of Applicant:			
Please Print Name:	MUSTAFA TOLGA GÜLDEŞ	Date (dd/mm/yyyy):	02.12.1974

ADDITIONAL INFORMATION			
Home Phone:	-	E-mail:	tolgaguldes@hotmail.com
Business Phone:	0-362-2152256	Fax:	
Are you a member of a Rotary club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate club name and year joined: _____			
Position applied for:			
a) Host Family member: <input checked="" type="checkbox"/> b) Counselor: <input type="checkbox"/> c) Club YEC member: <input type="checkbox"/> d) District YEC member: <input type="checkbox"/> e) Other: <input type="checkbox"/>			
Have you held a Rotary youth programs position in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, what position and when? _____			

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

EMPLOYMENT HISTORY (for the past five years; attach additional sheets, if necessary)

Current Employer		MUSTAFA TOLGA GÜLDEŞ			
Address		İnciönü Mah. Nispetiye Sk. Etiler İş Merkezi No:11 Ka. No: 1/1			
City	Province	Postal Code	22090		
Phone	Position	Company Owner / Mali Müşavir			
Dates of Employment	31.01.2007				
Supervisor's Name					
Previous Employer					
Address					
City	Province	Postal Code			
Phone	Position				
Dates of Employment					
Supervisor's Name					

VOLUNTEER HISTORY WITH YOUTH (for the past five years; attach additional sheets, if necessary)

Organization:		Uluslararası Rotary 2430 Bölge Gençlik Değişim Projesi			
Address:		Emek Mah. İbrahimli Cad. Sebin Apt. No:65 Kat:5 Daire:9			
City	Province	Postal Code	27060		
Phone	Position	Host Family			
Dates Held:					
Director's Name					

Organization:					
Address:					
City	Province	Postal Code			
Phone	Position				
Dates Held:					
Director's Name					

PERSONAL REFERENCES (may not be relatives; no more than one former or current Rotarian)

1. Name:		MESUT CEMİL EYİKOĞAK			
Address:		Bartıkent Mah. Muhsin Yazıcıoğlu Cad. No:30 B/12			
City:	State/Province:	Postal Code:			
Phone:	Relationship:	Arkadaş			
2. Name:		KURSAT ÖZBAŞ			
Address:		Sarıgül Mah. S. Samet Karal Sk. No: 6/4			
City:	State/Province:	Postal Code:			
Phone:	Relationship:	Arkadaş			
3. Name:		SİBEL CEYLAN			
Address:		Bartıkent Mah. Ali İhsan Göğüş Cad. No:127/5			
City:	State/Province:	Postal Code:			
Phone:	Relationship:	Arkadaş			

QUALIFICATIONS AND TRAINING

What relevant qualifications or training do you have for this position? Please describe in full.
--

CRIMINAL HISTORY

1. Have you ever been charged with, been convicted of, or pled guilty to any crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been subject to any court order (including civil, family, and criminal courts) involving sexual, physical, or verbal abuse, including but not limited to domestic violence or civil harassment injunction or protective order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain. Also indicate dates(s) of incident(s) and the country and state in which each occurred (attach a separate sheet, if needed).



0000-2025-3189579681 / 18:08

REPUBLIC OF TÜRKİYE
TÜRKİYE CUMHURİYETİ
MINISTRY OF JUSTICE
ADALET BAKANLIĞI

DIRECTORATE GENERAL OF CRIMINAL RECORDS AND STATISTICS
ADLİ SİCİL VE İSTATİSTİK GENEL MÜDÜRLÜĞÜ

DOCUMENT NUMBER : 0000-2025-3189579681 / 18:08
SAYI
SOURCE / DATE OF DOCUMENT : İNTERNET (www.turkiye.gov.tr) / 10.03.2025
YER / TARİH
TYPE OF CRIMINAL RECORD CHECK : YABANCI DİL
SORGU TÜRÜ
INTENDED USE : ROTARY KULÜBÜ DERNEĞİ
KULLANIM AMACI
TYPE OF PERSONAL IDENTIFICATION : MERNİS
KİMLİK TÜRÜ

IDENTITY INFORMATION SUBJECT TO CRIMINAL RECORD CHECK
SORGULAMAYA ESAS KİMLİK BİLGİLERİ

IDENTITY NUMBER : 23113036896
KİMLİK NUMARASI
NAME . SURNAME : MUSTAFA TOLGA, GÜNDEŞ
AD, SOYAD
MOTHER'S NAME / FATHER'S NAME : ŞÜKRAN / MEMET
ANNE ADI / BABA ADI
PLACE OF BIRTH / DATE OF BIRTH : GAZİANTEP / 02.12.1974
DOĞUM YERİ / TARİHİ

+-----+

RESULTS OF THE CRIMINAL RECORD CHECK
ADLİ SİCİL KAYDI SORGULANMASI SONUÇLARI

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL KAYDI YOKTUR.

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO ARCHIVAL CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLİ SİCİL ARSİV KAYDI YOKTUR.

+-----+

NOTE: THIS CHECK IS BASED ON THE ABOVE IDENTITY INFORMATION SUBJECT TO THE CRIMINAL
RECORD CHECK. (ENGLISH)
NOT : BU SORGULAMA YUKARIDAKİ "SORGULAMAYA ESAS KİMLİK BİLGİLERİ" NE GÖRE YAPILMIŞTIR. (İNGİLİZCE)

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinde veya mobil cihazınıza yükleyebileceğiniz e-Devlet Kapısı'na ait Barkodlu Belge Doğrulama uygulaması vasıtasıyla yandaki karekod okutulularak kontrol edilebilir.



ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

Youth Volunteer Affidavit

RI District 2430 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, their spouses and partners, and any other volunteers to safeguard to the best of their ability the welfare of children and young people involved in Rotary programs or activities and prevent physical, sexual, or emotional abuse of young participants.

PERSONAL INFORMATION				
Name:	MÜZEYYEN YEZDAN GÜLDES			
Address:	Ernek Mah. İbrahimli Cad. No:45 Seakin Apt Kat:5 D:9			
City:	Şehitkamil / GAZİANTEP	State/Province:		Postal Code: 27060
How long at this address? (If fewer than five years, list previous residence[s] on the back of this sheet.)				10
TR Identity Card Number :	31582052590			
Date of Birth (dd/mm/yyyy):	21.03.1976			

CONSENT

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge and that I have not withheld any information that would affect this affidavit unfavorably. I understand that District 2430 youth programs will deny a volunteer position to anyone convicted of a crime of violence.


I give my permission to District 2430 to verify information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks) and contact with my former employers and with references provided. I understand that this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review the criminal history and, if I dispute the record as received, a procedure is available for clarification.

WAIVER

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless, and indemnify all members, officers, directors, committee members, and employees of the participating Rotary clubs and districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 2430 youth programs and its affiliates.

I acknowledge that I have read and understand the above affidavit, consent, and waiver and that I sign this form voluntarily.

Signature of Applicant:			
Please Print Name:	MÜZEYYEN YEZDAN GÜLDES	Date (dd/mm/yyyy):	21.03.1976

ADDITIONAL INFORMATION			
Home Phone:	-	E-mail:	yezdhguldes@gmail.com
Business Phone:	-	Fax:	-
Are you a member of a Rotary club? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate club name and year joined: GAZİANTEP İPEKYOLU ROTARY KULÜBÜ			
Position applied for:			
a) Host Family member: <input checked="" type="checkbox"/> b) Counselor: <input type="checkbox"/> c) Club YEC member: <input type="checkbox"/> d) District YEC member: <input type="checkbox"/> e) Other: <input type="checkbox"/>			
Have you held a Rotary youth programs position in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, what position and when?			

ULUSLARARASI ROTARY 2430.BÖLGE GENÇLİK DEĞİŞİM KOMİTESİ

EMPLOYMENT HISTORY (for the past five years; attach additional sheets, if necessary)

Current Employer	MÜZETTEN YEZDAN CÜLDES			
Address	İncikent Mah. Nispetiye Sokak Akit İş Merkezi No:11 Kat:37			
City	Sekirköy / Gaziantep	Province	Gaziantep	Postal Code
Phone	0-532-206 4775	Position	Company Owner / Mimar	
Dates of Employment	11.04.2023	Supervisor's Name		
Previous Employer				
Address				
City		Province		Postal Code
Phone		Position		
Dates of Employment		Supervisor's Name		

VOLUNTEER HISTORY WITH YOUTH (for the past five years; attach additional sheets, if necessary)

Organization:	GAZİANTEP İPEKYOLU ROTARY KULÜBÜ / 24-25 Dönem Başkanı			
Address:	Emek Mah. İbrahimli Cad. No:45 Seatin Apt Kat:5 Daire:9			
City	Sekirköy / Gaziantep	Province	Gaziantep	Postal Code 27060
Phone	+90 532 2064775	Position	Dönem Başkanı - 24/25	
Dates Held:	2020	Director's Name		

Organization:	Uluslararası Rotary 2430. Bölge Gençlik Değişim Projesi			
Address:	Emek Mah. İbrahimli Cad. Seatin Apt No:45 Kat:5 Daire:9			
City	Sekirköy / Gaziantep	Province	Gaziantep	Postal Code 27060
Phone	0-532-2064775	Position	Host Family	
Dates Held:	2023 - 2024	Director's Name		

PERSONAL REFERENCES (may not be relatives; no more than one former or current Rotarian)

1. Name:	MEHMET CEMİL ETİKOĞAK			
Address:	Balkent Mah. Muhammed Yılmaz Cad. No:308/12			
City:	Sekirköy / Gaziantep	State/Province:	Gaziantep	Postal Code:
Phone:	0-532-396 0160	Relationship:	Arkadaş	
2. Name:	CEMAL KARAY DİKER			
Address:	Vaki Hüseyin Öfiken Cad. No:17 Yasemin Apt Kat:3 Daire:5			
City:	Balgova / İzmir	State/Province:	İzmir	Postal Code:
Phone:	0-532-727 5074	Relationship:	ARKADAŞ	
3. Name:	BERNA KORKMAZ			
Address:	Altınkum mah. 441 Sk. Çihan Asal Apt. No:4 Daire:2			
City:	Konyaaltı / Antalya	State/Province:	ANTALYA	Postal Code:
Phone:	0-532-302 22 35	Relationship:	ARKADAŞ	

QUALIFICATIONS AND TRAINING

What relevant qualifications or training do you have for this position? Please describe in full.

CRIMINAL HISTORY

1. Have you ever been charged with, been convicted of, or pled guilty to any crime(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been subject to any court order (including civil, family, and criminal courts) involving sexual, physical, or verbal abuse, including but not limited to domestic violence or civil harassment injunction or protective order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain. Also indicate date(s) of incident(s) and the country and state in which each occurred (attach a separate sheet, if needed).



0000-2025-3189574480 / 18:02

REPUBLIC OF TÜRKİYE
TÜRKİYE CUMHURİYETİ
MINISTRY OF JUSTICE
ADALET BAKANLIĞI

DIRECTORATE GENERAL OF CRIMINAL RECORDS AND STATISTICS
ADLI SİCİL VE İSTATİSTİK GENEL MÜDÜRLÜĞÜ

DOCUMENT NUMBER : 0000-2025-3189574480 / 18:02
SAYI
SOURCE / DATE OF DOCUMENT : İNTERNET (www.turkiye.gov.tr) / 10.03.2025
YER / TARİH
TYPE OF CRIMINAL RECORD CHECK : YABANCI DİL
SORGU TÜRÜ
INTENDED USE : ROTARY KULÜBÜ DERNEĞİ
KULLANIMI AMACI
TYPE OF PERSONAL IDENTIFICATION : MERNİS
KİMLİK TÜRÜ

IDENTITY INFORMATION SUBJECT TO CRIMINAL RECORD CHECK
SORGULAMAYA ESAS KİMLİK BİLGİLERİ

IDENTITY NUMBER : 31582052590
KİMLİK NUMARASI
NAME , SURNAME : MÜZEYYEN YEZDAN, GÜLDEŞ
AD, SOYAD
MOTHER'S NAME / FATHER'S NAME : YILDIZ / YILMAZ
ANNE ADI / BABA ADI
PLACE OF BIRTH / DATE OF BIRTH : AYDIN / 21.03.1976
DOĞUM YERİ / TARİHİ

RESULTS OF THE CRIMINAL RECORD CHECK
ADLI SİCİL KAYDI SORGULANMASI SONUÇLARI

THE PERSON WITH THE ABOVE INFORMATION HAS CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLI SİCİL KAYDI VARDIR.

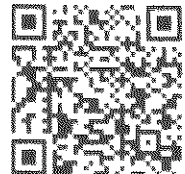
1 C: 10288202023C1256069042 [1]:23.04.2022 [2]:5237 125/1. [3]:GAZİANTEP;22.ASLCM [4]:1500 P.
[6]:10/10/2023 [7]:2022/1081 [8]:2023/622 [9]:10/10/2023
2 Y: 10288202023Y1307350999 [1]:23.04.2022 [2]:5237 125/1. [3]:GAZİANTEP;22.ASLCM [4]:1500 P.
[6]:10/10/2023 [7]:2022/1081 [8]:2023/622 [10]:11/12/2023

THE PERSON WITH THE ABOVE IDENTITY INFORMATION HAS NO ARCHIVAL CRIMINAL RECORD.
YUKARIDA KİMLİK BİLGİLERİ BULUNAN KİŞİNİN ADLI SİCİL ARŞİV KAYDI YOKTUR.

NOTE: THIS CHECK IS BASED ON THE ABOVE IDENTITY INFORMATION SUBJECT TO THE CRIMINAL
RECORD CHECK. (ENGLISH)
NOT : BU SORGULAMA YUKARIDAKİ "SORGULAMAYA ESAS KİMLİK BİLGİLERİ" NE GÖRE YAPILMIŞTIR. (İNGİLİZCE)

FIELD EXPLANATIONS APPLY TO PERSONS WITH CRIMINAL/ARCHIVAL RECORDS

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinde veya mobil cihazınıza yükleyebileceğiniz e-Devlet Kapısı'na ait Barkodlu Belge Doğrulama uygulaması vasıtası ile yandaki karekod okutularak kontrol edilebilir.





ADB02593983193

ALAN AÇIKLAMALARI

[1]: DATE OF CRIME, [2]: APPLIED SECTIONS OF THE LAW, [3]: COURT OF JURISDICTION, [4]: SENTENCE,
[5]: SECURITY MEASURES, [6]: DATE OF CRIMINAL CONVICTION, [7]: DOCKET NUMBER,
[8]: JUDGMENT NUMBER, [9]: DATE OF FINAL POST APPEALS JUDGMENT,
[10]: DATE OF COMPLETION OF SENTENCE AND SATISFACTION OF SANCTIONS.