

BF代表申請書

全書式 15枚

この書式の使用上の注意

1. _____ のようなアンダーラインの部分は、スペースにアンダーラインを引いてあります。そのまま書き込むと、行の後ろが送られていきます。上書きモードで書くか、送られた部分を後で修正するようにして下さい。
2. この様式は、変更されることがあります。必ずBF担当の事業主任の手元にIHQから送られてきている当該年の正式フォームのハードコピーをもらって下さい。
3. BF Expenditure Committee の Chairperson は、当該年の Chairperson を確認して下さい。

注記： BF応募者はBF 2-1 (partial、full 共)、BF 2-2 (full のみ)のフォームにご記入下さい。

Y'S MEN INTERNATIONAL

BF2-1

Brotherhood Fund Delegate Application Form

(Check full or partial Full Grants (Complete BF2-1 and BF2-2)
by Applicant) Partial Grants (Complete BF2-1 only)

Please use typewriter – or write in BLOCK LETTERS.

To be filled in by all persons applying for a Brotherhood Fund grant, (in duplicate).

1. REFERENCE NUMBER of proposed trip according to BF Delegate Plan (in order of preference):

1) _____ 2) _____

(Only for Full grant applicants)

2. PERSONAL INFORMATION

A) Name: _____ B) Age: _____ C) Sex: _____ D) Marital Status: _____

E) Address: _____

F) Telephone H: _____ G) Fax: _____

H) Telephone O: _____ I) E-mail: _____

J) Will be accompanied on BF trip by: _____

K) Languages spoken: 1) Fluently: _____

2) Able to converse reasonably in: _____

3) Able to understand: _____

L) Occupation: _____ M) Member in Y'sdom since: _____

N) Home Club: _____ N) Number of members in home club: _____

P) Region: _____ Q) Area: _____

R) Offices held in local club, district and region:

Office: _____ Year: _____ Office: _____ Year: _____

Office: _____ Year: _____ Office: _____ Year: _____

S) Have you ever received Brotherhood Fund assistance before? Yes _____ No _____

If yes, when? _____ How much? _____

3. CLUB INFORMATION: Important! Must be answered by applicant and verified by Regional Director from official records.

A) Did your club obtain Alf Reynolds Award last year? Yes _____ No _____

B) Is local club fully up-to-date with its Regional/Area/International obligations?

(Reports, rosters and dues): _____

C) Brother Clubs (indicate names): _____

4. Explain your background and experience in the field of Y'sdom stated as the purpose of this particular grant in the BF Delegate Plan:

APPLICANTS FOR FULL GRANTS SHOULD COMPLETE THE FORM BF2-2 ALSO.

APPLICANTS FOR PARTIAL GRANTS SHOULD COMPLETE THE FORM BF2-1 ONLY.

* Send one copy of this form to your Regional Director,

* Send one copy to your Area President for information.

(Place and Date)

(Signature)

BF2-2 (Only for full grant applicant)

5. How many weeks are you prepared to travel? (Minimum 3 weeks – maximum 5 weeks): _____
If you are not able to travel for at least three weeks, enclose a letter stating the reasons why.

6. I will also prepare to give presentations at club meetings, etc., on one, two or three of the items below in the listed priority. (1: Highest priority, 2: Second priority, etc.)

Examples of good and interesting club meetings

Special projects in local club, Region and/or Area

Extension – how can it be done?

Membership and Conservation – how can it be done?

Christianity in club life

Leadership training – how can it be done?

Importance of good communication. How do we do it?

Brother Club Triangle – its interesting aspects

YMCA and other club relations

7. If time allows, I would also be interested in some “non-Y’sdom” experiences, with the understanding that travel and related expenses (lodging, food, etc.) outside the official BF Delegate Itinerary, will not be the responsibility of Y’s Men International or BF Travel Coordinators.

8. At what kind of meetings do you anticipate being able to speak about your Brotherhood Fund trip experiences?

(Club, District and Regional meetings, leadership training sessions, etc.):

As a BF delegate I will be prepared to give presentations at club meetings on the stated purpose of BF grant, to write letters of introduction to my hosts as soon as they are identified by my itinerary, to submit a written report on my travel within 30 days of completion of BF travel (Form BF5), and to share my experiences and observations with clubs in my region when possible.

9. APPROXIMATE TRAVEL COSTS for air travel and insurance of proposed trip: _____

I agree to the requirements of my BF grant and BF Delegate Plan No. 1st choice: _____

2nd choice: _____

* Send one copy of this form to your Regional Director,

* Send one copy to your Area President for information.

(Place and date)

(Signature)

APPENDIX V

Y'S MEN INTERNATIONAL

IMPORTANT INFORMATION FOR ALL APPLICATIONS FOR BF GRANTS

This Memo to be sent together with Form BF 2 to an applicants for BF grants.

1. Re BF point criteria (Form BF 2 Line 3 A)

If your club did not receive the "Alf Reynolds Award" last year, your application will normally not be considered by the Brotherhood Fund Expenditures Committee.

However, the BF Expenditures Committee is authorized to waive this criteria if "other factors are deemed of greater importance" (BF Policy item 8.2.3.1). Such factors may

- a) The club is a new one,
- b) the club is in a country where it is prohibited to send money and/or stamps out of the country.

If your club has not met the BF point criteria, you should send a letter together with the application, stating the reasons:

2. A BF grant is limited to:

- a) International travel costs based on APEX or other round trip air fare
- b) Premium of ordinary travel insurance

NB. Y's Men International pays for the cost or the insurance, but it is the responsibility or the BF delegate to take out such insurance

- c) Other necessary expenses as approved in advance by BFECC (Brotherhood Fund Expenditures Committee Chairperson)

3. Planning of Travel

Travel will be planned by the Travel Coordinators according to the BF Delegate Plan.

NB. The BF Delegate shall make all necessary arrangements concerning visas before leaving the home country. Y's Men International will provide official invitation letters as requested by the BF Delegate.

A BF Delegate shall follow the itinerary as presented by the Travel Coordinators, and must be willing to travel for at least three weeks (see Form BF 2 Line 5), at the time as indicated in the BF Delegate Plan.

4. Where to send the BF Application Form (Form BF 2)

The BF Application Form (BF 2) is to be filled in by the applicant in triplicate, who shall:

- send one copy to Regional Director
- send one copy to Area President for information
- send one copy directly to BFECC as indicated on the Form BF 2.



Y'S MEN INTERNATIONAL

Brotherhood Fund Delegate Application Full or Partial Grants

To be completed by REGIONAL DIRECTOR. Please use TYPEWRITER or write in BLOCK LETTERS. Indicate REFERENCE NUMBER according to BF DELEGATE PLAN, in order of Applicant's choice:

1st #: _____ Area: _____ 2nd #: _____ Area: _____

1. Name of candidate:
2. Address:
3. Home Club:
4. Is the Club up – to – date with International/Area/Regional dues?
- 5A. Is Club participation in the Brotherhood Fund adequate?
(BF Policy stipulates a minimum of 2,000 points per year per member and 30,000 points per year per Club as the minimum contribution for a Club to receive an Alf Reynolds Award.)
- 5B. If your answer to 5A is NO, are you aware of any reason why this requirement should be waived?

6. Has Club previously had a BF Delegate? If YES, when?
7. Reasons for selection (such as leadership potential, dedication to Y'sdom ability to communicate, etc.)

8. Recommendation for use of this BF Delegate in furtherance of the Brotherhood Fund and Y'sdom upon his/her return, for instance, local club programs, visitations, speaker at Regional Conventions, etc.

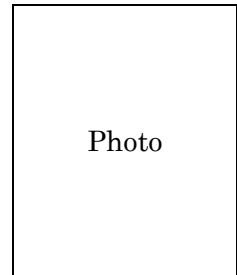
APPENDIX VII

BF 7

Y's Men
International

To: Brotherhood Fund delegate

Please complete this information form,
And send it as soon as possible to:



PLEASE TYPE OR WRITE IN BLOCK LETTERS

Full Name: _____ Among friends called: _____

Address: _____ Telephone Home: _____

Telephone Office: _____

Fax: _____

Profession: _____ Sex: _____ Date of birth: _____

Language spoken: 1)Fluently: _____

2)Able to converse reasonably in: _____

Vegetarian?: Yes No Remarks: _____

TRAVEL INFORMATION

Departure Date: _____ Departure time: _____ Flight No: _____

Port of entry: _____ Entry time: _____ Flight No.: _____

Date of return home: _____ Departure time: _____ Flight No.: _____

Visa(s) needed?: Yes No Remarks: _____

Special requests/wishes: _____

I will be accompanied by: _____

PURPOSE OF TRAVEL ACCORDING TO BF DELEGATE TRAVEL PLAN:

My special background and experience in the field of Y'sdom stated as purpose of grant in BF Delegate Plan:

I accept the challenge of this assignment, and will prepare and carry it through to the best of my ability.

Place and Date _____

Signature of BF delegate

MY Y's MEN HISTORY/EXPERIENCE

Home Club: _____ Region: _____ Area: _____

Club's charter year: _____ I have been a member since: _____ No. of members: _____

Offices held in local club, District and Region:

_____ Year: _____ _____ Year: _____

_____ Year: _____ _____ Year: _____

_____ Year: _____ _____ Year: _____

SCHOOLS AND PROFESSIONAL EXPERIENCE

_____ Year: _____ _____ Year: _____

_____ Year: _____ _____ Year: _____

YMCA AND OTHER INVOLVEMENT

_____ Year: _____ _____ Year: _____

_____ Year: _____ _____ Year: _____

MY FAMILY

Spouse's Name: _____ Occupation: _____

Children's Name and (Age): _____

Religion: _____ Denomination: _____

I will also prepare to give presentations at club meeting, etc, en route on one, two or three of the items bellow in the listed priority. (1: Highest priority, 2: Second priority, etc.)

- [] Examples of good and interesting club meetings
- [] Special projects in local club, Region and/or Area
- [] Extension – how can it be done?
- [] Membership and Convention – how can it be done?
- [] Christianity in club life
- [] Leadership training – how can it be done?
- [] Importance of good communication. How do we do it?
- [] Brother Club Triangle – its interesting aspects
- [] YMCA and other club relations
- [] _____

If time allows, I would also be interested in making some “non – Y'sdom” observations and experiences, especially: _____

**APPENDIX VIII
Y'S
MEN
INTERNATIONAL**

STATEMENT ON INTERNATIONAL TRAVEL INSURANCE ARRANGEMENT

Y's Men International does not have a travel insurance for Y's Men traveling to and from meetings of the Association nor for any other travel related to it. These include International Council Meetings, Mid Year Meetings, and BF travel and other travel of a similar nature.

It is therefore the responsibility of each individual traveler to take out insurance coverage as he/she sees fit for all travel related to Y's Men International.

It is the policy of Y's Men International to pay the premium for such travel insurance providing reasonable cover, which normally should provide for matters such as:

Refund for unused air fare	Death and disability
Sickness	Legal liability
Loss of baggage	

If such premium does not exceed US\$ 80, the total actual cost will be paid against receipt from the insurance company/travel agent.

If such premium exceeds US\$ 80, a copy of the insurance contract should be sent to IHQ for consideration by the Secretary General and if need be the International Treasurer.

Through signing this document, the traveler agrees to the conditions outlined herein, and understands that Y's Men International under no circumstances can be held liable for any events, or result of events, in connection with the travel for which this document is signed.

Payment of any costs related to this travel such as transportation and insurance costs, will be made only after receipt of one signed copy of this document at IHQ.

I, the undersigned, having read and understood the policy outlined above, hereby agree to accept full responsibility with respect to all expenses, losses and claims which may result following any accident or happening occurring during or a result of my travel for Y's Men International with respect to the following

Further, I acknowledge that the matter of travel and related insurance is my responsibility but that Y's Men International will reimburse any insurance premium paid by me in accordance with the limit as indicated above.


(Place and Date)

(Signature)

Geneva 30 Jan 1986
(travins.mmo)

Ingver Wallin Secretary General 9 Ave. Sainte – Clotilde, 12505 GENEVA, SWITZERLAND
Telephone +4122 / 809 15 30 Telefax + 4122 / 809 15 39

APPENDIX IX

<p>This card is issued by Y's Men International for the sole purpose of easy identification of Y's Men traveling for a specific purpose during a specific period of time.</p> <p>Y's Men International 9 Ave. Ste – Clotilde CH 1205 Geneva, Awizerland</p>	<p>BROTHERHOOD FUND DELEGATE IDENTIFICATION CARD</p>  <p>Y'S MEN INTERNATIONAL</p>
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<p>BF Delegate No.</p> <p>Name:</p> <p>First Name:</p> <p>..... Signature of BF Delegate</p>	<p>Address:</p> <p>.....</p> <p>.....</p> <p>Date of birth</p> <p>Countries to visit</p> <p>.....</p> <p>.....</p> <p>This card is valid for the period from: Until: only.</p> <p>.....</p> <p>Signature of</p> <p>.....</p> <p>International Secretary General</p> <p>.....</p> <p>International Travel Coordinator</p>
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INTERNATIONAL

Brotherhood Fund Delegate Travel Report

THIS REPORT IS TO BE USE SENT BY THE BF DELEGATE TO THE FOLLOWING OFFICERS WITHIN ONE MONTH AFTER FROM ASSIGNMENT (According to item 12 on BF Check List):

1. BF DELEGATE: _____

Address: _____

Home Club: _____ Region: _____ Area: _____

2. PURPOSE OF THE TRAVEL: _____

3. MAIN RESULT: a) _____

b) _____

c) _____

4. RECOMMENDATIONS

a) – for future BF delegates: _____

b) – for leaders who send delegates:

c) – for leaders who receive delegate: _____

6. BRIEF SUMMARY OF ITINERARY

No.	Dates	Place	Region	Regional X) Convention	Club X) Meeting	Private X) Meeting
1.						
2.						
3.						
4.						
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33.						

X) Mark with X in the actual column

Date: _____ Signature: _____

REFUND TO REGIONS

Paragraph 6 – 3 of the Brotherhood Fund Policy, Revised 1992:

Regions may apply for refunds up to an amount of 50% of the Region's contribution in excess of the minimum refund value which is the average of the previous three years' refund values or the previous year's refund value, whichever is higher. ISD BF shall calculate the amount available for refund for each Region (using the formula as outlined in paragraph 6.3.1. of the Brotherhood Fund Policy) and send this to RDs in Regions eligible for refund. Upon receipt of Form BF 6 the RD shall send an application for the use of these funds to the Chairperson of the BFEC, stating the purpose for which the funds are to be used. These funds shall be used within the general guidelines as stated in 1. and 2. of this Policy.

Please forward this form before

Region:.....

Amount of Refund US\$

Purpose for which the funds are to be used:

.....
.....
.....
.....
.....
.....

Regional Director

Date

Upon completion of this form, please forward the form to:

BFECC

ISD BF

**APPENDIX XII
Y'S
MEN
INTERNATIONAL**

PRELIMINARY ITINERARY

For BF Delegate No. Name:

From Area: Into Area:

Day No.	Date	Week Day	Place	Arr/ Dep	Hour	Flight	Host/Contact Person
01							
02							
03							
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