

# ROTARY CLUB OF ALEXANDRA PRACTICAL SUPPORT APPLICATION

Full name of applicant: .....

Name of Group if applicable: .....

Address: ..... Phone Contact: .....

..... Email: .....

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What is the nature of the activity you require practical assistance with?

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How many people are you requiring help from? .....

What is the total time commitment required from Rotary? .....

Will you also be applying for financial assistance from Rotary? YES NO

(separate application form required)

Please detail the nature of work:

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Please detail how Health and Safety risks to Rotary members will be managed, if necessary please attach your health and safety plan.

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After completing the activity how will the activity benefit either yourself or your organisation?

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In what way will the activity be beneficial to the community?

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Are you prepared to speak at a Rotary meeting after completing your activity - YES      NO

Please add further notes or information that may assist the Rotary Club in considering your application.

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Signature: .....

Date.....

Return your application and accompanying documentation to  
:  
The Rotary Club of Alexandra, PO Box 191, Alexandra 9320.