

Appendix #2A - "DGD Applicant Application Form"



Governor Nomination Form – Page 1

District Governor Candidate:

Please complete and sign this form, have your club secretary sign it, and submit it to the District DGD Nominating Committee.

Governor year of service _____ District _____ Zone _____ RI membership ID number _____

Family name _____ First name _____ Middle initial _____

Name as it should appear on your badge _____

Member, Rotary Club of _____ Classification _____

Language(s) you wish to use for communicating with RI (listed in order of fluency):

Read _____ Speak _____

For each of the following categories, please circle only one language per category.

International Assembly:	English French Japanese Korean Portuguese Spanish
Publications in 6 languages:	English French Japanese Korean Portuguese Spanish
Publications in 9 languages:	English French German Italian Japanese Korean Portuguese Spanish Swedish
Publications in 14 languages:	Arabic Chinese English Finnish French German Hindi Italian Japanese Korean Portuguese Spanish Swedish Thai

Spouse/Partner Information (if applicable)

Family name _____ First name _____ Middle initial _____

Name as it should appear on your badge _____

E-mail _____ Gender Male Female

For each of the following categories, please circle only one language per category.

International Assembly:	Chinese English French German Hindi Italian Japanese Korean Portuguese Spanish Swedish
Publications in 6 languages:	English French Japanese Korean Portuguese Spanish

For Rotarian Spouses/Partners only:

Member, Rotary Club of _____ RI membership ID number _____



Governor Nomination Data Form – Page 2

All signatures on this page must be handwritten (electronic signatures are not acceptable).

CANDIDATE’S STATEMENT

I hereby state that I understand clearly the qualifications, duties, and responsibilities of the office of District Governor as set forth in the RI Bylaws and that I am fully qualified for said office and willing and able, physically and otherwise, to assume and fulfill the duties and responsibilities of that office and to perform them faithfully. Further, I have read and agreed to abide by the District Governor Code of Ethics, as detailed in the Rotary Code of Policies. I agree in advance to accept the decision of the RI Board concerning my election to office without recourse to any non-Rotary agency or other dispute resolution system and further accept that any court costs and attorney's fees incurred by RI in enforcing this agreement shall be reimbursed by me in their entirety. I understand that if selected, I must attend, for their full duration, the Governors-Elect Training Seminar in my zone and the International Assembly to be held the Rotary year before taking office. I have read this form in its entirety and certify that all the information provided on this form is true and correct.

Date

Signature

CLUB’S STATEMENT OF CANDIDATE’S QUALIFICATIONS

The candidate herein mentioned is a member in good standing of the Rotary Club of _____.

The club further attests that this member has been duly suggested for the office of District Governor under RI Bylaws 13.020.4 and meets the qualifications as specified in RI Bylaws 15.070 and that the club membership information on this form is accurate.

Date

Club Secretary’s Name

Club Secretary’s Signature

CERTIFICATE OF NOMINATION

The Rotarian named on this form is a member in good standing of the Rotary club listed and was duly nominated for District Governor in accordance with the provisions of the RI Bylaws.

Date
Signature

District Governor’s Name

District Governor’s

District Governor: Please e-mail this form to your [CDS representative](#) by 30 June.

Appendix #2B - "DGD Applicant Statement of Service Form"

**District Governor Designate Applicant
Statement of Service – Page 1**

In order for the DGD Nominating Committee to gain more background information on candidates for the position of District 5240 Governor-Nominee, please answer or complete, as appropriate, the following:

Name: _____

Club: _____

1. Years in Rotary _____ (Minimum seven years of membership at the time of taking office).
2. (Required) I served a full year as President of the Rotary Club of _____ in District _____ during the year _____. (Note: If you have been President more than once, please name your last such service.)
3. In the last three years, I have served in the following club-level positions:

4. In the last five years, I have served in the following District-level positions:

5. I have received the following Rotary awards and recognition:

District Governor Designate Applicant
Statement of Service – Page 2

6. In the last five years, I have attended the following:
- a. District Assembly (Years) _____, _____, _____, _____, _____
 - b. District Conference (Years) _____, _____, _____, _____, _____
 - c. Mid-Term Seminars (Years) _____, _____, _____, _____, _____
 - d. Rotary Foundation Seminars (Years) _____, _____, _____, _____, _____
 - e. Membership Seminars (Years) _____, _____, _____, _____, _____
 - f. PRLS (Graduate?) _____
 - g. Master PRLS (Graduate?) _____
7. I am a Paul Harris Fellow _____
8. My spouse/SO is a Paul Harris Fellow _____
9. I am a Rotary Foundation Benefactor _____
10. I am a Rotary Foundation Major Donor _____ (Level _____)
11. I am a Bequest Society member _____ (Level _____)
12. I am a Paul Harris Society member _____
13. My attendance percentage for the last three years is _____
14. I have attended the following International Conventions:

15. As District 5240 Governor, the three main things on which I would concentrate are:

(If you need more space, use an attached sheet)

District Governor Designate Applicant
Statement of Service – Page 3

16. Please complete this sentence: “If I am elected District Governor Designate, I will have sufficient time and other personal resources to fulfill the requirements as Governor of District 5240 because

17. In accordance with **Article 11.070.4** of the **RI Bylaws**, I certify that I have read, understand, accept, and agree to be bound by the provisions of the **RI Bylaws**. **Additionally, I certify that I have read, understand, accept, and agree to be bound by the provisions of the District 5240 Bylaws (DB), Operating Manual (DOM), and District Leadership Plan (DLP).**

District Governor Designate Applicant Signature _____