District Governor Nominee Qualifications, Requirements and Instructions

At the time of selection, a Governor-Nominee candidate must:

- 1. Be a Rotarian for a minimum of seven years at the time of taking office.
- 2. Be a current active member in good standing of a functioning Rotary Club in District 6490.
- 3. Have served as President of a Rotary club for a full term, or be a charter president of a club having served the term from the date of the charter to 30 June, provided that period is for at least six months.
- 4. Demonstrate willingness, commitment, ability, physically and otherwise, to fulfill the duties and responsibilities of the office of Governor as provided in the RI Bylaws section.
- 5. Demonstrate knowledge of the qualifications, duties, and responsibilities of Governor as prescribed in the RI Bylaws, and submit a signed statement acknowledging a clear understanding of them. This statement shall also confirm that the Rotarian is qualified for the office of Governor and is willing and able to assume the duties and responsibilities of the office and to perform them faithfully.
- 6. Each applicant is to complete and submit the following items:
 - a. The Governor-nominee Form from Rotary International signed by the club Secretary.
 - b. Background information including Rotary resume.

Governor-nominee Form

| District governor candidate: Please complete and sign this for | orm, have your club | secretary sign it, and submit it to the district nominating of | committee. | |
|--|---------------------------------|--|---------------------|--|
| Governor year of service | District | Zone RI membership ID | number | |
| Family name | | First name | Middle initial | |
| Name as it should appear on yo | our badge | | 7 | |
| Member, Rotary Club of | | Classification | | |
| Please ensure that your contact | information (e-mail, | postal address and phone number) is up-to-date in My R | otary! | |
| Language(s) in which you are f | fluent (listed in order | of fluency): | | |
| Language(s) you wish to use for | or communicating wit | h RI (listed in order of fluency): | | |
| Read | | Speak | | |
| For each of the following categ | ories, please circle or | nly one language per category. | | |
| International Assembly: | English French | Japanese Korean Portuguese Spanish | | |
| Publications available in 6 languages: | English French | Japanese Korean Portuguese Spanish | | |
| Publications available in 9 languages: | English French | German Italian Japanese Korean Portuguese | Spanish Swedish | |
| Publications available in 14 languages: | Arabic Chinese Portuguese Span | English Finnish French German Hindi Ital | ian Japanese Korean | |
| Spouse/Partner Information (if applicable) Family name First name Middle initial | | | | |
| Name as it should appear on yo | our badge | | | |
| E-mail | | Gender Male | Female | |
| For each of the following categ | ories, please circle or | nly one language per category. | | |
| International Assembly: | Chinese English Spanish Swedish | | orean Portuguese | |
| Publications available in 6 languages: | English French | Japanese Korean Portuguese Spanish | | |
| For Rotarian Spouses/Partners | s only: | | | |
| Member, Rotary Club of | | RI membership ID ni | ımber | |



Governor-nominee Data Form

PRIVACY

Your privacy is important to Rotary and the personal data you share with Rotary will only be used for essential activities or for Rotary's legitimate interests taking into account your privacy rights. These uses include financial processing, supporting The Rotary Foundation, facilitating event planning, communicating key organizational messages and responding to your inquiries. In addition, your contact information will be shared with other Rotarians and included in the International Assembly Participant Book. Rotary's privacy policy can be found <a href="https://example.com/here-example.com/he

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 CAN | IDIDATE'S QUALIFICATIONS | |
| The candidate herein mentioned is | a member in good standing of the Rotary Club of _ | |
| | ember has been duly suggested for the office of distriction of the club member in RI Bylaws 16.070 and that the club member | |
| Date | Club Secretary's Name | Club Secretary's Signature |
| CERTIFICATE OF NOMINATI | ON | |
| The Rotarian named on this form is in accordance with the provisions of | s a member in good standing of the Rotary club lister of the RI Bylaws. | d and was duly nominated for district governor |
| Date | District Governor's Name | District Governor's Signature |

District governor: Please e-mail this form to your CDS representative by 30 June.



District Governor-Nominee Background Form

R. I. District 6490

| District Governor Candidate: Please c | omplete the information | below: Please attach ad | ditional page | s as necessary. |
|--|---|--------------------------|----------------|-----------------------|
| NAME: | | | | |
| SIGNED: | | DATE: | | *** |
| Rotary club(s) | Length of 1 | membership F | lotary year s | served as president |
| | | Years | | |
| | | Years | | |
| Phone (include area code) | | Fax (include area | codes) | |
| Residence | | Residence | | |
| Business | | Business | | |
| Mobile | | | | |
| E-mail address: | | | | |
| Line 2 | | | | _ |
| Line 4 | | | | |
| Country | - 1000 - | | | _ |
| Personal History: | | | | |
| Business and Professional Organization | ons (listed in order of im | portance; use an additio | nal sheet of p | paper, if necessary): |
| Organization | Office | Dates Offi | ce Held | Dates of Membership |
| | | | | |
| | | | | |
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| | | | | |

| Organization | Office | Dates Office Held | Dates of Membership |
|--|--------|-------------------|------------------------|
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Brief Outline of Business/Professional Career (please provide a brief outline, including each firm and dates):

| n. | 2 | | |
|------|---|----|---|
| Page | 3 | OI | 1 |
| | | | |

Principal Hobbies:

Additional Comments: