



Rotary Club of Belleville Membership/Volunteer Application

Important

1. Carefully review and complete in as much detail as possible.
2. Please print clearly, complete fully, and use additional paper if space is insufficient.

3. Return completed form to your sponsor or mail to:
 Club Secretary
 Rotary Club of Belleville
 P.O. Box 22082, Belleville, ON
 K8N 5V7
 or email to memberinfo@rotary-belleville.org

Part A: This will be retained by the Club Secretary

I. Personal Information

Last Name	Given Name (1)	Given Name (2)
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Preferred Name:	Gender:
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Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #, and 911 number)

City or Town	Province	Postal Code
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Email Address:	Date of Birth: (dd/mmm/yy)
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Business or Day Phone Number: ()

Home or Evening Phone Number: ()

Cell Phone Number: ()	Fax Number: ()
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II. Family Information: (if applicable)

Rotary Partner:	Date of Birth: (dd/mmm/yy)
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Anniversary Date: (dd/mmm/yy)

Children:

Name:	M/F	Date of Birth: (dd/mmm/yy)
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Children:

Name:	M/F	Date of Birth: (dd/mmm/yy)
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Children:

Name:	M/F	Date of Birth: (dd/mmm/yy)
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Children:

Name:	M/F	Date of Birth: (dd/mmm/yy)
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Part A (Continued): This will be retained by the Club Secretary		
III. Business Information		
Business Name		
Position:		
Complete Address (including Number, Street, Apt. Number, Lot, Concessions, Rural Route #, and 911 number)		
City or Town	Province	Postal Code
Email Address:		
Business Number: ()		
Fax Number: ()		
Please indicate your preferred mailing address: Personal Business		

Part A: This will be retained by the Club Secretary		
IV. Volunteer Validation (To Be Completed by Volunteer Validation Chairperson)		
Last Name	Given Name (1)	Given Name (2)
Criminal Record Check Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>		
Drivers Abstract Completed and Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Rotarian Sponsoring Applicant:		
Validated as Level 1	<input type="checkbox"/>	
Validated as Level 2	<input type="checkbox"/>	
Validated as Level 3	<input type="checkbox"/>	

Name and Signature of person Confirming Above:

Name

Signature:



Rotary Club of Belleville Membership/Volunteer Application

***This Form Is Not To Be Copied By
Anyone But the Applicant***

Important

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Part B: This will be returned to you at the end of the first full Rotary Fiscal Year End

I. Personal Information

Last Name

Given Name (1)

Given Name (2)

The purpose of this section of the application process is to assist the Membership Development and Retention Committee in processing your membership with the Rotary Club of Belleville. It is suggested that you keep a copy of this for your records.

The information provided within this section of the document will only be shared with those involved in your processing your membership application. Once granted membership in the Rotary Club of Belleville, with your permission, the document will be shared with your mentor.

The completion of this document is completely voluntary. If any mandatory fields are not completed, someone from the Membership Development and Retention will contact you to clarify any issues.

By signing below, you are granting permission to the Membership Retention and Development to accept and process the information as discussed above. The Rotary Club in Belleville will do everything to respect your rights to privacy as you move through this process.

Declaration: I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for membership or result in my dismissal should I be accepted as a member/volunteer.

I hereby consent to the disclosure of my personal information with the Rotary Club of Belleville for the purposes of membership and volunteer validation only.

Last Name		Signature:	
Part B: This will be returned to you at the end of the application process			
Last Name		Given Name (1)	Given Name (2)
Are you a Canadian Citizen or permanent resident of Canada? (provide copy of your birth certificate or permanent resident card)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges and do you have six or fewer demerit points? Driver's Licence Number:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)			Yes <input type="checkbox"/> No <input type="checkbox"/>

II. Education

Secondary School Attended		Highest Grade or Level Completed (If applicable, attach equivalency certificate)	
Type of Certificate or Diploma Obtained			
Business, Trade or Technical School Attended			
Course Name		Length of Course	
Licence, Certificate or Diploma Awarded			
Community College Attended			
Program Name		Length of Program	

Licence, Certificate or Diploma Awarded		
University Attended		
Major Area of Study		Length of Course
Degree Awarded	General	Honours
Other relevant Courses, Workshops, Seminars, Training, Licenses, Certificates or Degrees		

III. Employment History

- Note:** 1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required)
2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

Present or Previous Employer	
Telephone Number	Date of Employment: From: To:

Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason for Leaving	
Present or Previous Employer	
Telephone Number	Date of Employment: From: To:
Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason for Leaving	
Present or Previous Employer	
Telephone Number	Date of Employment: From: To:
Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason for Leaving	

Complete Mailing Address (include Postal Code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	

Reason for Leaving

IV. List any qualifications you have which you believe are relevant to this application:

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Have you ever been a member of a Rotary Club or other Service Group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **yes**, complete the following:

Name of Service Club	Date(s)	Is your membership currently active?
1		Yes <input type="checkbox"/> No <input type="checkbox"/>
2		Yes <input type="checkbox"/> No <input type="checkbox"/>
3		Yes <input type="checkbox"/> No <input type="checkbox"/>

Rotary Knowledge

Note: Please answer the next few questions to the best of your ability. If you need extra paper, please add.

Based on your experience and knowledge about the Rotary Club of Belleville, what areas of service within the club most interest you?

What special skills and experience do you have that would benefit the Club and the community we serve?

How are you looking to personally benefit and/or grow with the Club?

In what ways do you incorporate the four-way test into your life?