



Application Form

Saturday 16 January to Saturday 23 January, 2010

CLUB USE ONLY

The applicant listed below is sponsored by the ROTARY CLUB OF

He/She has been interviewed by a selection panel on and has been judged worthy of the Rotary Youth Leadership Award.

The applicant will be attending our Club's regular meeting on

I will provide transport for the applicant to and from the RYLA Seminar.

ROTARY CLUB CONTACT: Name:

Phone:

Email:

PLEASE POST THIS APPLICATION FORM & CHEQUE (made out to Rotary International District 9750) FOR \$700.00 BEFORE 30th November 2009 TO:

Ian McKensy
Rotary District 9750 RYLA Committee
PO Box 520, FAIRY MEADOW NSW 2519

Please note: Do not fax this form. Applications will not be accepted if not accompanied by the Interview Outline and cheque for \$700.00

APPLICANT DETAILS

Title: Given Names:.....

Surname: Gender: Male/Female (please circle)

Name by which you wish to be known (i.e., Liz): Date of Birth:

Email:

Phone (h): Phone (w): Mobile:

Home Address:

Suburb: Postcode:.....

Occupation:

Employer:



EDUCATION

High School – Year completed Level:

Further education Level:

..... Level:

..... Level:

Successful participation in the following examinations and awards will be highly regarded, but is not a pre-requisite: First Aid, Duke of Edinburgh, Outward Bound, Civil Defence, Rural Fire Fighting, Scouting/Guides, etc.

Have you completed any of these awards? **Y** **N**

If yes, please list:

.....

LEADERSHIP EXPERIENCE *(business, community, social, educational, activities/organisations)*

Activity	Position	Responsibilities	Year

Comments:

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.....



OTHER INTERESTS & ACHIEVEMENTS *(sport, recreation, hobbies)*

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Do you play a musical instrument? **Y** **N**

Type:

(If practical, please bring your instrument or music with you as there are many occasions to use these)

HEALTH & WELLBEING

Do you have any special dietary needs? **Y** **N**

If yes, please specify:

.....

Do you have any chronic illness or permanent disability? **Y** **N**

If yes, please specify:

.....

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: Relationship: Phone:

Medicare Number:

APPLICANT'S DECLARATION

I hereby make application for the Rotary Youth Leadership Award. Should my application be successful, I agree to attend the entire seven day seminar and will abide by the rules of RYLA.

SIGNATURE: Date:

**PLEASE RETURN THIS APPLICATION FORM TO YOUR LOCAL ROTARY CLUB
BEFORE 30th November 2009.**