

YAG – Application Form

| | | | |
|---|--|----------------------|--|
| Name | | Date of birth | |
| Mobile | | Home phone | |
| Email | | | |
| Suburb of residence | | | |
| Cultural background (if applicable) | <input type="checkbox"/> I am Aboriginal or Torres Strait Islander <input type="checkbox"/> My family and/or I speak another language at home <input type="checkbox"/> I prefer not to say | | |
| Place of education and/or employment (if applicable) | | | |
| Working with Children Check | <input type="checkbox"/> Yes, I have a current Working With Children Check <input type="checkbox"/> No, I am over 18 years old and I do not have a Working With Children Check <input type="checkbox"/> No, I am under 18 years old Note: All YAG members aged 18 years and older are required to complete a Working With Children Check. Visit http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check/volunteers-and-students for more information. | | |
| Skills and qualifications (if applicable) | eg. First Aid Certificate, Bachelor of Public Health etc. | | |

How did you hear about the Youth Advisory Group (YAG)?

Why are you interested in joining the YAG?

What other sporting clubs, groups or organisations are you involved with?

What are some of your hobbies and interests?

Are there any causes or issues you are passionate about (eg anti-smoking, the environment, etc)?

What do you think are some of your skills (eg creative, can take meeting minutes, public speaking, etc)?

What is an achievement you have been proud of in the last year?

Will you be able to attend the monthly YAG meetings?

- No Yes Yes, if I'm not working
 Yes, if I'm not at TAFE or uni Yes, if someone can bring me home Yes, if someone can take me home

Will you be able to attend peer education workshops and other events (choose all that apply)?

- No Yes, on weekdays Yes, on weeknights
 Yes, on weekends during the day Yes, on weekends at night

All YAG members are required to attend one all-day induction, orientation and training session. What is your availability?

- Cannot make any time Yes I can attend on a weekday Yes I can attend on a Saturday

Applicant signature

By signing this form, you are agreeing to the terms outlined in YAG – Terms of Reference.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

Parent or guardian consent (if you are aged under 18 years)

| | | | |
|--------|--|--------------|--|
| Name | | Relationship | |
| Mobile | | Home phone | |
| Email | | | |

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

The collection of personal details is for administration purposes only. Youth Solutions will respect the confidential nature of this information.

Please tick if you would not like to be added to the Youth Solutions database.

Please return this form to Karen Yuen, Youth Development Coordinator by 17 February 2017

Email yag@youthsolutions.com.au

Mail PO Box 112, Macarthur Square NSW 2560

In person Suite 13 Level 4 Macarthur Square Campbelltown NSW 2560

Office Use Only

| | |
|-------------------------|--|
| Date received | |
| Interview | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Interview date and time | |
| Coordinator signature | |