

YAG Member Application

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 YAG meetings, held on Tuesdays or Thursdays each month from 6.00pm – 8.00pm? (If you cannot attend meetings on a Tuesday or Thursday night please advise what nights you are available)

- 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 an induction, orientation and training session (approx. 4 hours). Which session can you attend? (Choose all dates that you are able to attend).

- Weekday Saturday Weeknight

Applicant signature

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

Name		Relationship	
Mobile		Home phone	
Email			

Signature		Date	
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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 Sam Young, Health Promotion Coordinator

Email yag@youthsolutions.com.au or sam@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	