

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		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <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)?

Please rank your confidence to:

Seek professional help for an AOD, mental health or other wellbeing concern

Not confident at all Slightly confident Somewhat confident Fairly confident Completely confident

Support a friend to seek help for an AOD, mental health or other wellbeing concern

Not confident at all Slightly confident Somewhat confident Fairly confident Completely confident

Share AOD prevention and health promotion messages with your friends

Not confident at all Slightly confident Somewhat confident Fairly confident Completely confident

Share prevention and health promotion messages with your friends

Not confident at all Slightly confident Somewhat confident Fairly confident Completely confident

Know what to do if you are worried someone is at significant risk of harm

Not confident at all Slightly confident Somewhat confident Fairly confident Completely confident

Facilitate health promotion workshops and presentations to young people aged 12 – 25 years

Not confident at all Slightly confident Somewhat confident Fairly confident Completely confident

Will you be able to attend YAG meetings, held on Tuesdays or Thursdays each month from 5.30 pm – 7.30 pm? (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
 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. Which session can you attend? (Choose all that you are able to attend).

- Weekday
 Saturday
 Weeknight

Applicant signature

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 Sam Young, Youth Engagement 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	