**YAG Member Application**

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| --- | --- | --- | --- |
| **Name** |  | **Date of birth** |  |
| **Mobile** |  | **Home phone** |  |
| **Email** |  | | |
| **Suburb of residence** |  | | |
| **Cultural background**  **(if applicable)** | I am Aboriginal or Torres Strait Islander  My family and/or I speak another language at home. Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I prefer not to say | | |
| **Gender** | Female  Male  Non-binary  Other: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I prefer not to say | | |
| **Place of education and/or employment (if applicable)** |  | | |
| **Skills and qualifications (if applicable)** | e.g. First Aid Certificate, Bachelor of Public Health etc. | | |

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

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**Why are you interested in joining the YAG?**

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

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**What are some of your hobbies and interests?**

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

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

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|  |

**Please rank your confidence to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Seek professional help for a drug or alcohol, mental health or other wellbeing concern*** | | | | |
| Not confident at all | Slightly confident | Somewhat confident | Fairly confident | Completely confident |

***Support a friend or family member to seek help for a drug or alcohol, mental health or other wellbeing concern***

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

***Share drug and alcohol harm prevention and health promotion messages with others***

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

***Facilitate workshops and presentations to groups of 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 6.00 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 and orientation session. Which session can you attend? (Choose all that you are able to attend).**

|  |  |  |
| --- | --- | --- |
| Weekday | Saturday | Weeknight |

**Applicant signature**

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

All applicants must be able to pass probity and health screening checks. To do so, applicants will need to hold and maintain a current Working with Children Check and Criminal Record Check and have a COVID-19 vaccination certificate (2 doses).

These screening requirements are guided by current legislation and may be subject to change.

Please tick to acknowledge that you understand the probity and health screening requirements.

**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, Manager Programs

**Email** [sam@youthsolutions.com.au](mailto:sam@youthsolutions.com.au) or[yag@youthsolutions.com.au](mailto:yag@youthsolutions.com.au)

**Mail** PO Box 112, Macarthur Square NSW 2560

**In person** Suite 13 Level 4 Macarthur Square Campbelltown NSW 2560

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| --- | --- |
| **Office Use Only** |  |
| Date received |  |
| Interview | No  Yes |
| Interview date and time |  |
| Coordinator signature |  |