**YAG Member Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 oryag@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 | [ ]  No [ ]  Yes |
| Interview date and time |  |
| Coordinator signature |  |