

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. Language: _____ <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"/> Other: _____ <input type="checkbox"/> 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)?

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 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	
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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	
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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, Manager Programs
Email sam@youthsolutions.com.au or 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	