

Youth Advisory Group Application Form



Name		Date of birth		
Mobile		Home phone		
Email				
Address				
Cultural background (if applicable)	 □ I am Aboriginal or Torres Strait Islander □ My family and/or I speak another language at home □ I prefer not to say 			
Working with Children Check	☐ Yes, I have a current Working With Children Check ☐ No, I am over 18 years old and I do not have a Working With Children Check ☐ No, I am under 18 years old Note: All YAG members aged 18 years and older are required to have a Working With Children Check. Visit http://www.workingwithchildren.vic.gov.au/ for more information.			
Why are you inte	erested in joining the Youth Advisory Grou	up (YAG)?		
How did you hea	ar about the YAG?			
What other grou	ps, organisations or sporting clubs are yo	ou involved with	?	
What are some of your hobbies and interests?				
Are there any ca bullying)	uses or issues you are passionate about?	? (e.g. Drugs & a	Icohol, boredom,	

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speaking, etc.) Are you currently working fulltime, part-time or casual?					
□ No	□ Yes	☐ Yes, if	☐ Yes, if I'm not working		
Will you be able to	o attend other official YAG duties	and events?			
□ No	☐ Sometimes	☐ Always	S		
	rs will be required to attend two in and Wednesday 19 February 2				
Applicant signatu	ire				
Signature		Date			
Parent or guardia	n consent (if you are aged under	18 years)			
Name		Relationship			
Mobile		Home phone			
Email		1,			
G: /		D /			
Signature		Date			
The collection of po	ersonal details is for administration p	ourposes only.			
Please return this	form to Jessica Ibbeson, Commun	nity Programs Coordinate	or by 7 February 2020.		
Email: yag@camp					
Mail PO Box 35, E	chuca Victoria 3564				
Office Use Only					
Date received					
Interview	□ No □ Yes				
Interview date and time					
Coordinator signature					

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