

East Gippsland Shire Council 2023 Youth Ambassadors Application

1. Your Personal Details

Please ensure all of the details provided are correct

* 1. What is your name?

First

Last

Preferred

* 2. How old are you?

* 3. Preferred Pronouns?

☐

She/Her/Hers

☐

Ze/Hir

☐

He/Him/His

☐

Prefer not to say

☐

Them/They

* 4. Contact Details

Address

City/Town

State

Post Code

Country

Email Address

Mobile Number

* 5. Do you identify as Aboriginal or Torres Straight Islander?

☐

Yes

☐

No

☐

Prefer not to say

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2. About you...

* 6. Are you studying at school, university, TAFE or equivalent?

- ☐ Yes, Full time student
- ☐ Yes, Part time student
- ☐ No

* 7. Are you employed?

- ☐ Yes, Full time
- ☐ Yes, Part time
- ☐ No, but I am looking for work
- ☐ No, I am not looking for work
- ☐ I am a carer

* 8. What social media do you use?

- ☐ Facebook
- ☐ Instagram
- ☐ Snapchat
- ☐ Other (please specify)

* 9. Describe yourself in less than 50 words

* 10. What are your interests and hobbies?

* 11. List any volunteering, community or sporting groups/clubs you have been a member of i.e. Scouts, Football, FReeZA

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3. Get Heard!

* 12. Why do you want to become a Youth Ambassador in 2021?

* 13. What 3 changes or opportunities would you like to see for young people in East Gippsland

1.
2.
3.

* 14. What do you think are the top 6 personal issues affecting youth in East Gippsland

- | | |
|---|---|
| <input type="checkbox"/> Coping with stress | <input type="checkbox"/> Bullying/emotional abuse |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> School or study problems | <input type="checkbox"/> LGBTIQ+ issues |
| <input type="checkbox"/> Body image | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Domestic/family violence |
| <input type="checkbox"/> Personal safety | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Financial security | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Family conflict | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Social media | |

* 15. What 3 issues are most important to young people in East Gippsland

- | | |
|---|---|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Homelessness/housing |
| <input type="checkbox"/> The environment | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Equity and discrimination | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Alcohol and drugs | <input type="checkbox"/> Education |
| <input type="checkbox"/> Crime, safety and violence | |

* 16. What will you personally contribute as a Youth Ambassador

* 17. When are you available for meetings & events? Please tick all relevant

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 18. How did you hear about the East Gippsland Youth Ambassadors?

* 19. Parent/Guardian Contact Details

Name	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 20. Do you have parent or guardian consent to join the Youth Ambassador program?

☐ Yes

☐ No