



Application Form

NOMINEE

Surname:Other Names:.....

Gender: Date of Birth:.....

Address:.....

Phone Numbers (H) (M).....

Email:.....

What school do you attend: Year at school:.....

Do you belong to any clubs / organisations? If so, which:

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What are your interests?:

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Why do you want to join YAC?:

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What could you offer to YAC?:

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What would you like to achieve through YAC?:

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Waroona Youth Advisory Council is designed to develop the leadership and life skills of its members. Given that the Council is limited to 10 members only, and the number of applications are anticipated to be high, applicants will be required to undertake an interview and meet selection criteria. This ensures a fair and equal consideration, as well as providing the youth with the opportunity to experience the interview process and build their skills for future employment and education application requirements.

I declare that I am between 12 and 25 years of age.

Signed: Date:

AUTHORISATION BY PARENT OR GUARDIAN (IF UNDER 18 YEARS OF AGE)

Full name:

Signature: Date:.....

Please send your completed form to;

Coordinator
Waroona Youth Advisory Council
PO Box 20
WAROONA WA 6215

Or drop into Shire of Waroona Administration Office at 52 Hesse St, WAROONA WA

