

# YOUTH COUNCIL 2010

## APPLICATION FORM



Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Myspace/Facebook: \_\_\_\_\_

**1. Please outline your reasons for applying for Youth Council.**

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**2. What skills/experiences do you have that would be relevant to the Youth Council?**

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**3. Please outline any previous leadership experience.**

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**4. Please provide contact details for two referees.**

**REFEREE ONE**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**REFEREE TWO**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Declaration of Interest**

I declare that I have an interest in becoming a member of the Word and Mouth Youth Committee, and to represent the youth of Greater Shepparton. As a member of the Youth Committee I will be committed to the planning, design and delivery of Word and Mouth activities.

When accepted onto the Youth Committee I understand that *non-identifying* information supplied in this application may be used in publications, submissions and/or reporting to funding bodies where details of the Youth Committee is required.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICATIONS DUE BEFORE FRIDAY 26<sup>th</sup> FEBRUARY**

**Please post your application and resume to:**

Executive Officer  
53 Welsford Street  
Shepparton  
3630

**For further information, please do not hesitate to call (03) 58 329 531 or 0437 771 114 or email [wordandmouth@shepparton.vic.gov.au](mailto:wordandmouth@shepparton.vic.gov.au).**

**Thank-you for your application. Your application will be assessed by the Executive Officer. A letter to advise you of the success of your application will be sent to in a timely manner.**