

**The Southern Fleurieu Youth Advisory Committee (YAC) is an official advisory committee to the Councils of Alexandrina & the City of Victor Harbor.**

**YAC is made up of young people aged 12-25 years who meet regularly to work on issues, concerns and assist in putting on local events and activities for youth.**

**YAC provides a great opportunity for young people to be heard, develop skills, consult with local youth and influence Government decisions.**



# Youth Advisory Committee

## Expression of Interest

**Interested in joining the YAC?** Just complete and return this form....

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

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

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

What is your cultural origin? \_\_\_\_\_

Do you identify as Aboriginal and/or Torrens Straight Islander? no  yes

Are you attending School? no  yes  at \_\_\_\_\_

Are you currently employed  unemployed

Are you undertaking any other studies? no  yes  at \_\_\_\_\_

Why do you want to be a member of the Southern Fleurieu Youth Advisory Committee?

\_\_\_\_\_  
\_\_\_\_\_

What skills, strengths and personal qualities will you bring to the YAC?

\_\_\_\_\_  
\_\_\_\_\_

What do you think are some of the main issues effecting young people in this region?

\_\_\_\_\_  
\_\_\_\_\_





Are you involved with any community groups or organisations that work with or for young people? (Eg sporting clubs, youth groups, SRC, other committees)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your main areas of interests regarding youth issues? (Please tick)

- Aboriginal affairs
- Accommodation
- Community Services
- Crime and Safety
- Decision making
- Other \_\_\_\_\_
- Education
- Employment
- Environment
- Health & well being
- Public Space
- Recreation
- Skill Development
- Sport
- Youth Services
- Transport

Please feel free to add any additional comments \_\_\_\_\_

\_\_\_\_\_

**Referee details** (to be filled in by your referee)

Name of Referee: \_\_\_\_\_

Referee phone number: \_\_\_\_\_

I declare that the information contained in this form is true and correct to the best of my knowledge.

Signed . \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to**

Youth Development Officer  
City of Victor Harbor & Alexandrina Council  
PO Box 21  
Goolwa SA 5214

**OR** Drop it into the Council Offices in Victor Harbor or Goolwa

If you need more information or assistance to fill out this form please contact Anita Grantham - phone 8555 7047

