

2027 HINDMARSH SHIRE YOUTH COUNCIL EXPRESSION OF INTEREST FORM

YOUR DETAILS

Name _____

Address _____

DOB _____

Mobile Number _____

Email Address _____

Parent/Guardian Name _____ Contact No. _____

Which ward do you live / work / go to school in?

☐ East Ward ☐ West Ward ☐ North Ward

New Nomination ☐ Re-Nomination ☐

Are you able to attend the monthly meetings?

☐ Yes ☐ No

Being a Youth Councillor involves attending monthly meetings (sometimes more or less often, depending on what projects and events are happening). Youth Councillors are required to attend at least six meetings throughout the year, although attending as many meetings as possible is encouraged.

We understand that everyone has other commitments, and it may not always be possible to attend every meeting. If you are committed to getting involved, sharing your ideas, and contributing to discussions, you are already a great candidate!



Hindmarsh
Shire Council



PLEASE ANSWER THE FOLLOWING QUESTIONS

Tell us a bit about yourself

This can include your interest, hobbies, goals, anything that you want to share!

What do you think the Hindmarsh Shire Youth Council does for young people and the community?

Why would you like to join the Hindmarsh Shire Youth Council?



Hindmarsh
Shire Council



What skills, ideas or experience can you bring to your council?

REFEREE DETAILS (teacher, employer, coach, community leader or mentor)

Name

Organisation

Position

Contact Number

PARENT/GUARDIAN CONSENT FOR HINDMARSH SHIRE YOUTH COUNCIL

(If applicant is under 18 years of age)

- ☐ I give permission for my young person to participate in the Hindmarsh Shire Youth Council.
- ☐ I confirm that all information given on my young person's application to the Council is true and correct.
- ☐ I give permission for photographs of my young person to be used in Council promotional material including the Council website, Council and Youth Council Facebook page, Twitter, publications and other social media avenues and media releases.
- ☐ I give permission for transport to be provided if I am unable to transport my child for meetings and other required occasions, with no responsibility resting upon Hindmarsh Shire Council and its workers.

APPLICANT DETAILS

Applicant's Name _____

Applicant's DOB _____

Home Address

School Attended _____

PARENT/GUARDIAN DETAILS

Guardian's Name _____

Signature _____

Contact Phone Numbers: (Home) _____ (Mob) _____

Home Address

EMERGENCY CONTACT DETAILS (if different to above)

Emergency Contact Name _____

Phone Numbers: (Home) _____ (Mob) _____

APPLICANT CONSENT (If applicant is 18 years of age or more)

- I declare that the information given in my application is true and correct.
- I give permission for photographs of myself to be used in Council promotional material including the Council website, publications and media releases.

Applicant's Name _____ Signature _____

For further enquiries please contact Community Development and Youth Officer
on (03) 5391 4444 or by email at youth@hindmarsh.vic.gov.au