

YOUTH COUNCILLOR NOMINATION FORM

(INFORMATION PROVIDED WILL BE KEPT CONFIDENTAL)

Name
Address
Phone
Email
Age DOB Gender
Do you attend school, TAFE, other Education program or University?
Yes / no (please circle)
If yes, what school, TAFE, Education Program or University do you attend?
Relevant Experiences/ Employment (if applicable)
Involvement in Community Organisations & activities



Why would you like to be a member of the Narrandera Youth Advisory Council?		
What are your interests? What do you feel you can contribute to the Narrandera Youth Advisory Council?		
Name 3 projects you would like Narrandera's Youth Advisory Council to achieve.		
2		
3		
What do you see as the most important issues facing young people in Narrandera Shire ?		
Is there any health issues/disabilities/treatments which might prevent you from performing particular types of activities?		
YES / NO (If yes, the Community Liaison Officer will discuss this issue with you further.)		
I agree to abide by the Policies and Procedures of the Narrandera Shire Council and I agree to work within the boundaries of the job description and to respect Confidentiality.		
NameDate		
Signed		



If you are under 18 years of age your parent/guardian consent is required. Please have a parent or guardian complete the following section.

I consent to my child participating in the Narrandera Youth Advisory Council.		
Name	.Date	
Address		
Email	Phone	
Signed		
Please provide your completed Nomination Form to:		
Narrandera Youth Advisory Council		
Community Liaison Officer		
Narrandera Shire Council		
141 East Street		
Narrandera 2700		

Closing Date: 4.30pm Friday 27 March 2020

Applications should be returned to Narrandera Shire Customer Service Desk or emailed to council@narrandera.nsw.gov.au

