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2025 HINDMARSH SHIRE YOUTH COUNCIL EXPRESSION OF INTEREST FORM

TOUR DETAILS			
Name			
Address			
DOB School Attended (if applicable)			
Mobile Number			
Email Address			
Parent/Guardian Name	Contact No		
Which ward to 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			

Part of being a Youth Councillor involves attending monthly meetings (sometimes more or less depending on what we have going on). You are required to attend at least 6 of these meetings – but attendance at all of them is preferred. We understand this isn't always the case, so please notify the Hindmarsh Shire Council Youth Officer as soon as possible that you aren't able to attend in person and we can make alternate arrangements for you to join online. If you are dedicated to trying to attend these to be able to put forth your ideas and other input, then you are already a great candidate!

PS. Snacks are always provided at our meetings 😊





PLEASE ANSWER THE FOLLOWING QUESTIONS!

Tell us about yourself!		
In your own words, what do you think the Hindmarsh Shire Youth Council do?		
Why do you want to join the Hindmarch Chira Youth Council?		
Why do you want to join the Hindmarsh Shire Youth Council?		





In your own words, what can you bring to the Hindmarsh Shire Youth Council?		
REFEREE DETAILS (teacher, employer, coach, community leader or mentor)		
Name	Name	
Organisation	Organisation	
Position	Position	
Contact Number	Contact Number	





PARENT/GUARDIAN CONSENT FOR HINDMARSH SHIRE YOUTH COUNCIL

(If applicant is under 18 years of age)

0	I give permission for my young person to participate in the Hindmarsh Shire Youth Council.
0	I confirm that all information given on my young person's application to the Council is true and correct.
0	I give permission for photographs of my young person to be used in Council promotional materia including the Council website, Council and Youth Council Facebook page, Twitter, publications and other social media avenues and media releases.
0	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.
APP	LICANT DETAILS
,	Applicant's Name
,	Applicant's DOB
I	Home Address
-	School Attended
PAR	ENT/GUARDIAN DETAILS
(Guardian's Name
9	Signature
(Contact Phone Numbers: (Home) (Mob)
I	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	Cianatura
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

