**EXPRESSION OF INTEREST**

**Youth Reference Group (YRG)**

**Full name:** **Pronouns:**

**Home address:**

**Contact number: (home)**  **Mobile:**

**Email:**

**Date of birth (DOB):** **/****/****Age:**           

**Are you available to volunteer 2-4 hours a month?**  Yes  No

**Tell us a little about yourself and why you would like to be part of the YRG:**

                                                                        
                                                                        
                                                                 

**How do you see the Youth Reference Group being involved in the Broken Hill & Far West Region community?**

                                                                        
                                                                        
  
**What youth issues are you passionate about?**

                                                                      

What change would you like to see happen in the local area?

                                                                        
                                                                        
  
**What are your strengths?**  
 I’m good with people  I know the area well  I have a lived experience  I am studying a relevant course  Personal/professional growth  I would like to give back to the community  
  
**Please provide 3-5 additional strengths that you could contribute towards the group:**

**Please email the completed form to** [headspace.brokenhill@flourishaustralia.org.au](mailto:headspace.brokenhill@flourishaustralia.org.au)