**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