



EXPRESSION OF INTEREST

Youth Reference Group (YRG)

Name (First and Surname): _____

Address: (Residential) _____

Contact Details: (Home) _____ Mobile: _____

Email: _____

Age: _____

Are you available to volunteer 2-4 hours a month from Mon-Fri? 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

