

South Perth Youth Network Application Form

PERSONAL DETAILS			
First name		Surname	
Date of birth		Mobile	
Address			
Suburb		Postcode	
Email			
School			

AVAILABILITY	
Are you able to commit to monthly meetings?	YES / NO
Are you able to commit to events or activities outside of meeting times?	YES / NO
Please indicate which days you are available to attend meetings:	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

APPLICATION QUESTIONS
Why are you interested in joining the South Perth Youth Network?
What skills or experiences can you bring to the network?
What programs, events, activities or initiatives would you like to see achieved by the network?
Please feel free to attach any further comments or a personal statement.
Return the completed application form to: Youth & Children's officer Post: City of South Perth, cnr Sandgate St & South Tce, South Perth, WA 6151 Email: youth@southperth.wa.gov.au