**EXPRESSION OF INTEREST**

**Youth Reference Group (YRG)**

Name (*First and Surname*):

Address (*Residential)*:

Phone (*Home*): Mobile:

Email:

Age:

Are you available to volunteer 2-4 hours of your time 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 **YRG** being involved in the community?

Are there any youth issues that you are 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 🞏 I like learning 🞏 I would like to give back to the community
Please provide 3-5 additional strengths that you could contribute towards the group:

**Please email this form to headspace.parramatta@flourishaustralia.org.au when complete.**