

YOUTH COUNCILLOR NOMINATION FORM

Name.....

Address.....

.....

Phone

Email

Age..... DOB..... Gender.....

School name

Class year

Why would you like to be a member of the Leeton Youth Council? *

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What Community organisations & activities are you involved with? *

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What do you see as important issues facing young people in Leeton Shire? What are you passionate about? *

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** Please attach more pages if you need more space or want to include any other relevant information*



Do you have any health issues/disabilities/treatments that we should know about? YES / NO

(If yes, the Community Development Coordinator will discuss this issue with you further.)

I agree to abide by the Policies and Procedures of the Leeton Shire Council, and I agree to work within the boundaries of the Terms of Reference and to respect Confidentiality.

Name..... Date.....

Signed.....

Parent/Guardian consent

If you are under 18 years of age your parent/guardian consent is required. Please have a parent or guardian complete the following section.

I consent to my child participating in the Leeton Youth Council.

Name..... Date.....

Address.....

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Email.....Phone.....

Signed.....

Please mail or e-mail your completed nomination form to:

Leeton Shire Council
23-25 Chelmsford Place
LEETON NSW 2705

E-mail council@leeton.nsw.gov.au

Closing Date: 4.30pm Friday 26 August 2022