





ROBE RIVER KURUMA YOUTH COUNCIL

Nomination Form

YOUNG PERSON DETAILS											
First Name:				Last Name							
Gender: Age:				Date of Birth:							
CONTACT DETAILS											
Address:											
Suburb:	Postcode:										
Email:					Phone:						
FAMILY INFORMATION	□ Desi	a. 🗆	Dobby		D	iba ii .	Minnin		Turnslater: □		
Apical Ancestor Alec: [_ Rosi	e: 🗆	Bobby:		Ru	ıby: 🗆	Minnie:		Tumbler:		
Parent/Guardian's Name:	Parent/Guardian's Name:										
Email:					Email:						
Phone:					Phone:						
Siblings Name:					Date of Birth:						
Siblings Name:					Date of Birth: Date of Birth:						
Siblings Name:	Date of Birth.										
OCCUPATION DETAILS											
High School student: ☐ University student: ☐			Workin	ıg p	art time/casual:		Caregiver/parent:				
TAFE student: □ Working full time : □			Apprentice/trainee: ☐ Looking for v				king for work:				
School:					Year Level:						
Employer:					Job Title:						
	_										
COMMUNITY INVOLVEMEN									10		
Please tell us about any con organisations, volunteer wor					ve ı	within the I	local commu	nity (Such sporting		
	·		<u> </u>								

AVAILABILI	ГҮ						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
	•						
TELL US AB	OUT YOU						
Why would y	ou like to be in	volved in the Yo	uth Council?				
What knowle	adae and skills	will you bring to	the Youth Cour	ncil?			
What knowle	ago ana omio	wiii y ou bring to	uno roduroda	1011:			
What do you	think are impo	rtant issues for I	Robe River Kur	uma young pe	ople?		
NOMINATION	DECLARATION						
l,						(full n	ame of member)
of:						(odd)	ress of member)
JI						(auui	ess of member)
		ominate to becon			Council at the RR	RKAC Annual Ge	neral Meeting to
	nomination form,						
		mber of RRKAC, of a negative Alcoho					tion's Fitness for
Work	Policy within 30 c	lays, if I am electe earance being und	d onto the RRK	Youth Council;		•	
		Youth Council Ag					cil.
Signature:					Date:		
- <u>-</u>					_		
PARENT/GUA	RDIAN PERMIS	ISION FOR YOU	NG PERSON UN	DER 18 YEARS	OF AGE		
		to participate in					
to being photog	raphed or video	nean my child may ed for the purpose edical assistance	of marketing and	d advertising of	RRKAC. I agree	that in a medica	al emergency my
Parent/Guardi	an Signature:				Date:		
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