

Application to Participate in Youth Mentor Program

The Youth Mentoring Program is designed to enable local young people, between the ages of 17 and 25, the opportunity to gain first hand experience of local government and the role of councillors, through a mentor relationship with a current councillor.

The program will:

- a) enable young people in the Clarence Valley Council local government area to become more acquainted with the processes of local government,
- b) give the youth representatives the opportunity to have some input into council meetings through an invitation to address Council on youth issues at the conclusion of each Council meeting, and
- c) involve the youth representatives in the decision making process by their presence in Council meetings and the opportunity they are given to address Council on youth issues after each meeting and in private discussions with Councillors.

I wish to apply to participate in the Clarence Valley Council Youth Mentor Program.

APPLICANT DETAILS

Name in full: *(Please print)*

Postal address:

Date of Birth:

Phone: Home:

Mobile:

Email:

Please detail your reasons for applying for the program. What do you hope to get out of this experience? *(attach additional page if required)*

Education / Work Information: (Tick all appropriate options)

- Attend high school
 - What school do you attend? _____
 - What year are you in? _____

- Attend TAFE or University (or equivalent)
 - What TAFE/University do you attend?

- Work full time / part time / casual (circle appropriate option)

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Do you identify as having a disability? Yes No

APPLICANT DECLARATION

I declare that:

- I have read the Program Outline and Memorandum of Understanding (MoU), which describes the program in detail.
- If accepted into the program I will abide by the terms of the MoU.
- I accept that my name, image and role in the program will be public information, and may be used in publicity associated with the Youth-Councillor Mentor Program.

Signature of applicant: _____

Signature of parent/carer if applicant under 18 years: _____

Print name of parent/carer: _____

PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, *Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.*

I have read and understand the Privacy Statement

Signed: _____ Date: _____

All enquires to Stephen McAlister - Governance Coordinator on 6641 7203

Office use only: Register into ECM & Refer to Governance section for action