



## Rockingham Youth Reference Group Expression of Interest Form 2025

Complete the form below to express your interest (EOI) in joining the Rockingham Youth Reference Group.

Complete this form from the perspective of the interested applicant and submit by **midnight Sunday 6 July 2025**. Only people who are aged 15-24 between July 2025 and June 2027 are permitted to apply.

The information you provide is confidential and will not be shared with any other organisation without your permission.

### OFFICE USE ONLY:

Date: \_\_\_\_\_  
 New EOI:   
 Renewal:   
 RYRG Only:  
 Accepted:  Declined:   
 City Volunteer: Yes  No

### 1. Applicant Details

First name:		Preferred name:		Pronouns:	
Surname:		Date of birth: (DD/MM/YYYY)		Age:	
Address:			Email:		
Suburb:		Postcode:		Mobile:	
Which gender do you identify with? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> In another way <input type="checkbox"/> Prefer not to say					
Are you a current and/or previous member of the RYRG?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Joined RYRG:		Served (months/years):			
Do you have any of the following:					
<input type="checkbox"/>	Working with Children Check #:		Expiry Date:		
<input type="checkbox"/>	Current Drivers Licence #:		Expiry Date:		
<input type="checkbox"/>	Volunteer National Police Clearance #:		Date obtained:		

## 2. Health, Wellbeing and Background

### 2.1. Tell us a bit about you (tick all relevant boxes):

This section allows us to support diverse representation within the RYRG. Are you:

- A member of the LGBTIQA+ community       A young person with a disability  
 Born in Australia (where): \_\_\_\_\_       First Nations (Aboriginal or Torres Strait Islander)       Born overseas (where):  
 \_\_\_\_\_

- Speak a language other than English (please specify):
- \_\_\_\_\_

### 2.2. Do you have any health, support, access needs, allergy or dietary requirements that we should be aware of?

This may include any physical or sensory factors that may affect the type of tasks you perform. Tick all that apply:

Yes	Condition	Please describe	Yes	Condition	Please describe
<input type="checkbox"/>	Allergies		<input type="checkbox"/>	any sensory limitations	
<input type="checkbox"/>	Asthma		<input type="checkbox"/>	physical limitations and/or	
<input type="checkbox"/>	Any dietary requirements		<input type="checkbox"/>	use of mobility or speech aids	
<input type="checkbox"/>	Other:				

## 3. Experience, Skills and Interests

The following questions allows us insight into what prior commitments you have and what interests you have outside the RYRG. Answer all that apply to you.

3.1. Are you currently:				Please specify the name/s and location/s of each institution	
Studying	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Working	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Volunteering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	



**3.2.** Outside of joining the RYRG, are you interested in volunteering for other City areas?  
Select all that apply.

Youth events and programs (i.e. Mary Davies Street Makeover)	<input type="checkbox"/>	Community Events	<input type="checkbox"/>
Neighbours Unite	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>
Arts and Culture	<input type="checkbox"/>	Early Years	<input type="checkbox"/>
Rockingham Volunteer Centre	<input type="checkbox"/>	Community Transport	<input type="checkbox"/>
Seniors	<input type="checkbox"/>	Other (please list)	<input type="checkbox"/>

**3.3.** Please describe your previous work and volunteering experience

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**4. Your 'Why'**

The following questions relate to your 'why' in applying to be a member of the RYRG.

**4.1.** Why do you want to be a part of the Rockingham Youth Reference Group?

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**4.2.** What issues/topics are you passionate about?

For example, anything from mental health to climate change, First Nations culture, LGBTQIA+ representation, social change, community connections and/or more etc.

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**4.3.** List at least three skills/ideas/characteristics you possess that you could bring to the RYRG. Please list any additional ones if you want to. There is no limit. For example:

- specific qualifications like...*
- strong work ethic*
- people person*
- event planner*
- creative*
- natural problem solver*
- like helping the community*

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**4.4.** List at least three skills/ideas/characteristics you'd like to improve, or learn more about, whilst being a part of the RYRG, and why? Please list any additional ones if you want to. There is no limit. For example:

- facilitation skills so I can run activities
- graphic design to market our events
- communication skills for giving public presentations
- events and/or project management skills

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**4.5.** Is there anything else you would like to tell us about yourself?

- Your favourite quote?
- What you want to do when you're older?
- If you had three wishes, what would they be?
- Your favourite party trick?
- Any interesting facts about yourself?

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## 5. Submitting your application

Age permitting, if successful in joining the RYRG, I agree to:

- Undertake a Volunteer National Police Check at the City's expense:  
Yes  No
- Undertake a Working With Children Check at the City's expense:  
Yes  No
- Complete the relevant documentation and permissions/consents as requested by the City:  
Yes  No

Name of Applicant:

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent / Guardian  
(If applicant under 18 years):

Signature:

Date:

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Thank you for expressing an interest to volunteer for the Rockingham Youth Reference Group (RYRG) with the City of Rockingham.

To finalise your submission, please submit your form by **midnight Sunday 6 July 2025** via:

Email: [youthcentre@rockingham.wa.gov.au](mailto:youthcentre@rockingham.wa.gov.au)

Subject headline: **RYRG Membership - Expression of Interest Form 2025**

Or in person between 10am – 5.30pm weekdays at:

Rockingham Youth Centre  
20 Mackinnon Street  
Rockingham WA

Please note: Submitting this form does not guarantee a place in the RYRG. If your application is successful, an officer from the Rockingham Youth Centre will contact you shortly to discuss your application.

Should you have any queries regarding the RYRG, or this form, please contact the Rockingham Youth Centre at [youthcentre@rockingham.wa.gov.au](mailto:youthcentre@rockingham.wa.gov.au) or on 9591 0836.