**COUNCIL COMMITTEE NOMINATION FORM**

**YOUTH SERVICES ADVISORY COMMITTEE**

The Shire of Bridgetown-Greenbushes invites nominations for a position on the Youth Services Advisory Committee.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of nominee |  | | |
| Name of organisation  *if applicable* |  | | |
| Position title *for organisation nominations* |  | | |
| Street Address |  | | |
| Postal Address |  | | |
| Telephone No |  | Mobile No |  |
| Email Address |  | | |
| Are you under the age of 25? |  | | |

Please provide a brief outline of your interest, experience and skills.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Focus Area  *tick relevant box* | | | | |
| Justice | Health | Disability Awareness | Arts & Culture | Sport &  Recreation |
| Interest | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Experience | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Skills | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

* *Nominations will be accepted up until* ***5.00pm Wednesday 22 December 2021***
* *Please return completed forms to Esther Matthews, Executive Assistant   
  by email:* [*EMatthews@bridgetown.wa.gov*](mailto:EMatthews@bridgetown.wa.gov) *by mail: PO Box 271, Bridgetown WA 6255  
  in person: Administration Officer, 1 Steere St, Bridgetown WA 6255*
* *Council will consider nominations and select committee members at the Ordinary Council Meeting on 27 January 2022. Nominees will be advised of Council’s decision after this date.*