

# YAK APPLICATION



**Name:**

**Age:**

I would like to be selected as a Youth Action Kalamunda Member because

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What skills and qualities would you bring to the Youth Action Kalamunda Group?

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What would you like to get from being a Youth Action Kalamunda Member?

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What issue do you feel is affecting Young People in the City of Kalamunda and how would you change this?

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# Tell Us About Yourself

**Name:**

**Age:**

**School:**

**Interesting  
Fact:**

**Address:**

**Phone:**

**Email**

For further information contact Youth Services  
[youth@kalamunda.wa.gov.au](mailto:youth@kalamunda.wa.gov.au) or 9257 9999