

# Volunteer Application Form

Please complete the information below, which will be treated with confidence

## Personal details

<b>Name</b>	
<b>Address</b>	
<b>St. Canice's Kilkenny Credit Union Member/Account Number(s) :</b>	
<b>Phone</b>	
<b>Mobile</b>	
<b>Age</b>	
<b>Email</b>	

## Volunteer role

<b>Why are you interested in volunteering with the Credit Union?</b>	
<b>Please list up to five skills, knowledge or abilities you would like bring to St. Canice's Kilkenny Credit Union</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<b>What would you like to do in the Credit Union or what areas are you interested in.</b>	
<b>Please provide brief employment details which may be relevant to this application.</b>	
<b>Name and contact details of two people, who have known you two years, who will provide a reference.</b>	
<b>How did you find out about us?</b>	

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO – SECRETARY, NOMINATION COMMITTEE, ST. CANICES KILKENNY CREDIT UNION, HIGH STREET, KILKENNY.**