

Volunteer Application Form

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

Personal details

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

Volunteer role

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

Signed: _____

Date: _____

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