

# Volunteer Application Form

**To Support this application, it is essential that you complete the Fitness & Probity Document and sign the Data Protection Statement which must be submitted with this application.**

## Personal details

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

## Volunteer role

<b>Why are you interested in volunteering with the Credit Union?</b>	
<b>Please list the 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></ul>
<b>It may be necessary for the credit union to carry out a credit check to ensure you meet the Fitness &amp; Probity standards of the Central Bank. Your approval is required in advance of this search.</b>	
<b>Please provide brief employment details which may be relevant to this application, including professional qualifications.</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: \_\_\_\_\_

## Data Protection Statement:

In order to carry out its functions in accordance with the Central Bank's Fitness and Probity Standards for Credit Unions and for the purpose of conducting the necessary due diligence in respect of my application to Volunteer in St. Canice's Kilkenny Credit Union Limited, I consent:

To the credit union seeking information from such educational institutions as I have specified in this form concerning details of my educational history and qualifications;

To such educational institutions disclosing information to the credit union concerning details of my educational history and qualifications; and

To St, Canice's Kilkenny Credit Union Limited consulting external databases for judgement searches to independently verify information I have provided pertaining to my financial soundness and past conduct

To the processing by St. Canice's Kilkenny Credit Union Limited of any information concerning my application to Volunteer in St. Canice's Kilkenny Credit Union Limited.

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

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

**RETURN COMPLETED FORM TO – SECRETARY, NOMINATION COMMITTEE, ST. CANICE'S KILKENNY CREDIT UNION, 78 HIGH STREET, KILKENNY.**