



## Volunteer Application Form

Please complete this form and read in conjunction with Carrickmacross Credit Union Volunteer Eligibility Criteria, and submit to our office. Your information will be considered in strict confidence.

### Personal Details

<b>Name</b>	
<b>Address</b>	
<b>Carrickmacross Credit Union Ltd Member Account No.</b>	
<b>Phone No.</b>	
<b>Mobile No.</b>	
<b>E-mail address</b>	
<b>Age</b>	

### Volunteer Role

<b>Why are you interested in volunteering with Carrickmacross Credit Union Ltd?</b>	
<b>Please list up to 5 skills, experiences or talents you have, that you would like to bring to Carrickmacross Credit Union Ltd</b>	1 2 3 4 5
<b>What areas of the Credit Union volunteer function are you most interested in getting involved with?</b>	
<b>Please provide brief employment and/or experience details which would be relevant to this application</b>	1 2 3
<b>How did you find out about our succession planning process and Expressions of Interest in Volunteering?</b>	

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

Please complete and sign this application, and submit to Carrickmacross Credit Union Ltd, 15 & 17 O'Neill Street, Carrickmacross, County Monaghan.

All information in this application will be treated with the strictest confidence.