



Athenry Credit Union

ATHENRY • BALLYGAR • BIRR • KILKERRIN
KINVARA • MENLOUGH • PORTUMNA

Volunteer Application Form

Name and Surname: _____

Member Number: _____

Contact Details:

Address: _____

Home phone: _____ Mobile: _____

Email: _____

DOB: _____

Occupation: _____

Please describe your background, and relevant experience to your application as volunteer.

Why do you seek a voluntary position with Athenry Credit Union?

Please briefly outline the specific skills you would bring, or contributions you hope to make to the Credit Union:

Would any potential conflicts of interest exist if you were a volunteer of the Credit Union? If any please identify:

Have you ever been made bankrupt or restricted/disqualified as a Company Director? Yes No If Yes, please describe the circumstances:

Are you willing to undertake all Fitness & Probity reviews that may be required by Athenry Credit Union or any relevant regulatory body? Yes No Please provide any additional information that you feel is relevant to your application:

Signed: _____ Date: _____

Nominations Committee Chairperson,
Athenry Credit Union,
Old Church Street,
Athenry,
Co. Galway.

Thank you!