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| **BALLINA CREDIT UNION LTD. – VOLUNTEER APPLICATION FORM** | |
| Surname : | First Name : |
| Address Line 1 : | |
| Address Line 2 : | |
| Address Line 3 : | |
| Address Line 4 : | |
| Telephone No : | Mobile No: |
| Email Address : | |
| How would you like us to contact you after reviewing your application? | |
| Post Telephone Email | |
| Please choose the area(s) that you are most interested in? | |
| Marketing / Advertising Human Resources  Legal / Regulation Information technology  Investments Business Strategy and development  Youth Development Personal finance and lending | |
| Please tell us about any qualification(s) / course(s) that you have completed that you think might be relevant to volunteering with Ballina Credit Union Ltd.? | |
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| Please tell us about your past/present work experience/training/volunteering that you think may be relevant to Ballina Credit Union Ltd.? | |
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| How did you initially hear about volunteering with Ballina Credit Union Ltd.? | |
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I certify that my answers are true and complete to the best of my knowledge.

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

Please return the completed application form to the following address;

**Attention of the Nominations Committee**

**Ballina Credit Union Ltd.**

**O’Rahilly Street**

**Ballina**

**Co. Mayo**

Alternatively you can drop the completed application form to a member of staff in the credit union office or email the completed form to info@ballinacu.ie

***What happens next?***

Once the application pack has been received it will be reviewed by the Nominations Committee. Once reviewed by this committee a member of the same will be in touch with you to bring your application to the next stage.

Thanks from all at,

**Ballina Credit Union ltd.**

Ballina Credit Union Ltd. is regulated by the Central Bank of Ireland