

## NEWARTHILL CREDIT UNION LTD

111 - 113 High Street, Newarthill, ML1 5JH Tel: 01698 862770

Personnel Details					
Membership No:					
Mr/Mrs/Miss/Other					
Surname:					
First Name(s):					
Address:					
Postcode:					
Telephone No:					
Mobile:					
Date of Birth:					
Nationality:					
Employer:					
Occupation:					
Email Address:					
Facebook Address:					
<b>Driving License</b>	Yes No				
	Yes No				
Current   Yes No					

Please provide details of any family members who is a volunteer/staff in the Credit Union					
Qualifications					
Please give details of any previous voluntary experience					
Please highlight what you would like to gain from volunteering at the Credit Union					
(e.g., work experience, putting something back into the community )					
And the saintenance in the same of the sam					
Any other information relevant to your application					
Please give details of any hobbies, interests or skills					

Have you been Bankrupt or Sequestrated at anytime	e?				
			Yes	No	
Do you have any Criminal Convictions?					
•			Yes	No	
Do you consider yourself disabled under the Disabili	itv Discrimina	ntion Act?			
	,		Yes	No	
Do you require any arrangements for an interview?					
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How many hours would you like to volunteer per week?					
Please indicate by circling when you would be avai	ilable				
Monday, Tuesday and Thursday 10am - 3pm					
Wednesday and Friday 10am - 12noon					
Tuesday and Thursdays Nights 7pm - 9pm					
References					
1	2				
Declaration					
I declare that to the best of my knowledge and belie	-			ue.	
I understand that any false declaration or misleading	_	or any omission may dis	squalify me		
from volunteering and render me liable to dismissal					
	ĺ				
Signed		Date			
		<u> </u>			

Yes

No