



Nottingham Credit Union

69 Maid Marian Way

Nottingham

NG1 6AJ

Tel: 0115 8283121

info@nottinghamcu.co.uk

Volunteer Application Form

Are you already a member of Nottingham Credit Union? Yes / No (delete as appropriate).

Please provide your current contact details:

<p>Name: _____</p> <p>Full Address: _____</p> <p>Post Code: _____</p> <p>Tel. Home: _____ Work: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
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Please provide details of a person we should contact in case of emergency:

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Tel. Home: _____ Work: _____</p> <p>Mobile: _____</p>
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A bit about you. . .

Please tell us about why you would like to volunteer with Credit Union . . .

Please tell us about relevant experience and skills that you can offer the Credit Union . . .

Recent work/volunteering experience

Dates To and From	Name of organisation	Role	Grade Obtained

Training and Qualifications

Are you studying at the moment? Yes / No

Please tell us about any qualifications you have:

Dates To and From	Name of Institution	Type of Qualification (e.g. GCSE, A-Level, NVQ, Degree etc.)	Grade Obtained

Please tell us about any other languages that you speak other than English

Please tell us about any other relevant training you have undertaken:

Date of training	Name of Training Body	What type of training

Please tell us about any outside interests you may have:

Using the volunteer role descriptions enclosed please indicate below which roles you would be interested in undertaking. Please do not worry if you are unsure we can go over this further at a later stage.

Volunteer Roles	Yes	No
Branch Cashier		
Admin Assistant		
Telephonist		
Member Support Volunteer		
Marketing Worker		
VON Lead Member		
VON Training and Recruitment Member		
VON Partnership and Fundraising Member		
Board Member		

We offer full training relevant to each role based on your previous experience and development wishes.

We are always interested in new ideas within the Credit Union. If there is a role that you are interested in doing that is not included in the above list please state here:

References

Please supply the names and contact details of two people who would be willing to give you references. These **cannot** be members of your immediate family. We would like to contact your referees by phone if possible as this will speed up the application process.

Please let us know if it is OK to do this: YES /NO (delete as appropriate)

Name: Address: Tel: Email: How long have you known this person? : In what capacity do you know them? :

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Please tell us how you heard about volunteering with the credit Union
Tick as appropriate:

CVS	
Website	
Community Organisation – please state	
Word of mouth	

Please complete the last section on the next page...

Equal Opportunities:

The Credit Union is committed to Equal Opportunities. Please assist our attempts to improve our service by filling in the following details:

Please tick as appropriate:

Sex	Male	Female
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Age Group	15 -17	18 - 24	25 - 35
36 - 50	51 -59	60 - 69	70+

Ethnicity

White:	British	Irish	Other
Mixed:	White and Black Caribbean	White and Black African	Other
Asian /British:	Indian	Pakistani	Bangladeshi
Other:	Other Mixed	Other Asian	

Information about your application:

Please note that applications for volunteering with the Credit Union are subject to suitable references being provided. Applicants are expected to have adequate level of verbal and written communication skills. Training for each post will be provided.

Once we have received your application form we will contact your referees as soon as possible. We will then contact you and invite you to an informal interview. We hope to do this within a week of receiving your references.

Please feel free to contact us if you have any further questions about this application form. Our phone number is 0115 8283121

Please sign below and return this application form to us using the enclosed freepost envelope *or* if you are completing the form from our website, please forward to volunteering@nottinghamcu.co.uk.

We look forward to receiving your application.

The information I have given is true to the best of my knowledge.

Signature:

Date:

Print Name: