Thomastown Credit Union Limited

VOLUNTEER APPLICATION FORM

Member No.		
Name		
Address		
Telephone No.		
Email		
Any volunteer expe with them)	erience (please give details of the organisation and the length of time	
		_
	y)	
Why would you like	to work as a volunteer with Thomastown Credit Union?	
What committee w	ould you like to work on?	
How many hours w	eek/month are you able to give?	
•	bleted form to: The Nominating Committee, Thomastown Credit Union eet, Thomastown, Co. Kilkenny.	

For enquiries please email: info@thomastowncreditunion.ie



Confirmation of Time Commitment

Re: Credit Union Act 1997-2012, Section 56B (4) (g)

(5) 'Each director of the credit union shall ensure that he or she has sufficient time to devote to the role of director and the responsibilities associated with their role as indicated by the nomination committee.'

Name:			
Address:			
Dear Nomination Comn	nittee,		
I confirm that I have suf	ficient time to de	vote to the role and the responsibilities asso	ciated with this role.
My time commitment is	5:		
Board Meetings:	hours		
Training:	10 hours		
Committee Meetings	hours		
Total	hours		
Other Existing Commi	tments per week	:	
Employment		hours	
Other Voluntary Roles		hours	
Caring Roles		hours	
Total		hours	
Signed:			
Print name:			
		Deter	
Witnessed by:		Date:	



DECLARATION OF CONFLICT OF INTEREST

Thomastown Credit Union Limited

I, (print name).....

of (print address.....

do hereby solemnly and sincerely declare that there is no conflict of interest/

<u>a conflict of interest</u> that I have in relation to the performance of my duties as Director in Thomastown Credit Union Limited.

The nature of the conflict is as follows:

The conflict will be managed as follows:

Signed: Date: Print Name:

Witnessed:	Date:
Print name:	