



SECTION ONE: YOUR PERSONAL DETAILS

Full Name (Including title)			D	ate of Birth	
Home Address (inc	luding Post Code)				
Correspondence Ad	ldress (if different)				
Email Address					
Daytime Telephone	e No.		Evening Telephone No	o .	
Are you already a C (Y/N)	CroydonPlus Member	?	If yes, please detail yo Number here	our Membership	

SECTION TWO: VOLUNTEERING ROLE

Role(s) Applied For	Tick for Yes
Customer Service (Admin & Phone)	
Customer Service (Face-to-Face)	
Finance (Credit Control & Loan Panel)	
Marketing	
Registered Officer (Board Director / Supervisory Committee)	

Type of Volunteering Arrangement	Tick for Yes
Formal Volunteer (Director / Committee Member)	
Informal Volunteer	
Student Work Placement	

Preferred Location	Tick for Yes
Croydon –	
Bernard Weatherill House, 8	
Mint Walk, Croydon CR0 1EA	
Merton –	
Civic Centre, London Road,	
Morden SM4 5DX	
Sutton –	
Civic Centre, St. Nicholas Way,	
Sutton SM1 1EA	
Hill House (Sutton/Morden	
Borders) –	
Hill House, Bishopsford Road,	
Morden SM4 6BL	

Would you be happy to travel to another location within	
Croydon/Merton/Sutton? If so, where?	
(if you are able to travel to any part of the borough please	
write 'ALL')	





SECTION THREE - RELEVANT SKILLS AND EXPERIENCE

Please give details of your skills and experience relevant to this role, referring to the role description. (Relevant leisure and non-work interests or experience may be just as relevant as paid employment). (You can attach a CV to this application if you wish)
SECTION FOUR: YOUR REASON FOR VOLUNTEERING
Why are you interested in volunteering with the credit union?





SECTION FIVE: YOUR AVAILABILITY

Please indicate (with a tick) your Preference of Time and Day/s							
	Monday	Tuesday	Wednesday	Thursday	Friday	OTHER	
AM							
PM							
Evening							

SECTION SIX: REFERENCES

Please give the names and contact details for 2 referees whom we can contact to support your application:							
Name		Name					
Address		Address					
Email		Email					
Phone Number		Phone Number					
In what capacity		In what capacity					
do you know this		do you know this					
person?		person?					

SECTION SEVEN: YOUR HEALTH

•	Do you have any disability, health or medical condition that we should be aware of in order to keep you safe; or that we should take account of in planning your volunteering role?				
Yes		No			
If so,	pleas	e give	detai	ails below. We will treat this information sensitively and confidentially.	





SECTION EIGHT: CRIMINAL RECORD

Email: cu-manager@croydonplus.co.uk

Do yo	u hav	e any	crim	ninal convictions/cautions (with the exce	epti	on of fixed penalty traffic	off	ences?)	
we la	ous co ter dis	nvict cove	r tha	will not necessarily prevent consideration tyou have not disclosed a criminal convecide to terminate your volunteer place	/icti	on; this will reflect on you	ır h	onesty and integrity;	if
Yes		No		IF YES, PLEASE GIVE DATES AND DETAILS ON A SEPARATE SHEET					
SECTIO	N NIN	NE: HO	ow i	DID YOU HEAR ABOUT US?					
Please	e tell u	us ho	w yo	u hear about this volunteering opportu	nity	(Please tick one)			
I am a	Mem	nber		Word of mouth/recommendation		Promotional Leaflet		Website	
Social	Medi	ia		at an Event		Volunteering Agency			
Other give d	• •								
SECTIO	N TEN	N: DE	CLAR	AATION					
By sign	ing be	elow I	l am	confirming that 'I declare that all the ab	ove	information is true and a	ıccı	urate'.	
Signed	: <u> </u>				[Pate:			
Print N	ame:_								
 Please	returi	n this	forn	n to:					
Michae Croydo		•		nion, 221 The Lansdowne Building, 2 La	anso	downe Road, Croydon, CF	R9 2	2ER	

Thank you for your interest in volunteering with Croydon*Plus* Credit Union. Once we receive your application, we will be in touch as soon as possible to discuss possible opportunities within the organisation.