



Solent Credit Union

First Floor, Dolphin House
134-135 High Street
Southampton, SO14 2BR

Tel. 02381 788375

email solentcreditunion@phonecoop.coop

APPLICATION FORM
For volunteers

Collection Point

PLEASE PRINT IN BLOCK CAPITALS

Personal details:

NameMr /Mrs /Miss /Ms Member No.....

Address

..... Postcode

Tel. email.....

Date of birth

Church (if outside SO postal district)

Do you have any criminal convictions ? Yes / No* (*please delete as appropriate)

If yes, please give details:

.....

.....

Referees: (These should be two people who are in a position of responsibility and have known you personally for at least two years. They should not be a relative or a Solent Credit Union Officer.)

NameMr. / Mrs. / Miss / Ms

Address

..... Postcode

Tel: **email:**

NameMr. / Mrs. / Miss / Ms

Address

..... Postcode

Tel: **email:**

Declaration

I confirm that these are my correct details and give permission for Solent Credit Union to contact my referees if deemed necessary.

I agree to maintain confidentiality at all times and keep to Solent Credit Union's rules, Policies and Procedures in carrying out my duties.

Signed _____ Date _____