



Credit Union Limited

where community matters

Volunteer Expression of Interest Form

Personal Details:

Name: _____ **Credit Union A/C Ref:** _____

Address: _____

Contact Telephone No: _____ **E-Mail:** _____

Please outline below the area you wish to put your name forward for: (*Board/ Oversight Committee/ Sub- Committee*)

Outline below why you wish to be considered for the position, and why you believe your attitudes and values would be of benefit to them.:

What skills/Experience/Qualification(s) have you that will assist in meeting the roles and responsibilities of your chosen committees:

If you have any relevant information in support of your expression of interest that is not covered in your answers above, please outline the details below:

Are you aware of any potential Conflicts of Interest that may arise as a result of your appointment to a committee of Synergy Credit Union Ltd.

Signed: _____ **Date:** _____

PLEASE RETURN THE COMPLETED FORM MARKED FOR THE ATTENTION OF THE NOMINATION COMMITTEE OR EMAIL DIRECTLY TO NOMINATIONS@SYNERGYCU.IE