

# Volunteer Application Form

Please complete in BLOCK CAPITALS

Which volunteering role are you applying for? Director  Other  Please specify

## **(i)** Personal Details

Title  First name(s)  Last name

Address  Postcode

Home telephone number  Mobile telephone number  E-mail address

Where did you hear about Kingdom Community Bank?

I'm already a member  Friend/Colleague  Relative  Specific advertisement  Other

If other please state the source

Why are you interested in volunteering with Kingdom Community Bank? Please tell us about any work experience or other volunteering that you do.

## 2 Volunteering Options

How often would you like to volunteer? Daily  Weekly  Fortnightly  Monthly

When are you generally available to volunteer?

	Morning (10am - 1pm)	Afternoon (1pm - 5pm)	Evening (5pm - 10pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How experienced/comfortable are you with the following areas of work?

	Not at all	Somewhat	Average	Very
Using computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media & internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing credit applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3 Board of Directors applicants ONLY

Only complete this section if you'd like to join the board of directors

### a Background

Do you have any criminal convictions (*excluding minor motoring offences*)? Yes  No

If yes, please provide details

Have you ever been declared bankrupt? Yes  No

If yes, please provide details

Have you ever been disqualified from being a Director of a business or charity? Yes  No

If yes, please provide details

## **b** Director and/or Senior Management Function

What area of work would you like to be involved: do you have experience in that area?

	Experience of?		Keen to be involved in:	
Member services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products & Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marketing & Promotions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Systems & Controls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internal Audit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## **4** Qualifications and References - all applicants to complete

**Please complete this section, regardless of the volunteering opportunity you are interested in:** if required, please use a continuation sheet.

What formal qualifications from school/college/university/work do you have?

What skills and/or experience do you have, that you think might be beneficial?

*continued overleaf*

## References

### Referee One

Name

Address

Telephone

E-mail

Relationship to referee

How long known to you

### Referee Two

Name

Address

Telephone

E-mail

Relationship to referee

How long known to you

## 5 Confirmation

Do you agree to Kingdom Community Bank:

Contacting your named referees?

Yes  No

Carrying out a credit reference check? Only if applicable - you will be notified before we do this.

Yes  No

Carrying out a criminal records check? Only if applicable - you will be notified before we do this.

Yes  No

## 6 Declaration

I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and complete.

Print Name

Sign Name

Date signed

### How to return this form

By e-mail: [ceo@kingdomcb.org.uk](mailto:ceo@kingdomcb.org.uk)

By post: address your envelope, Private and Confidential, FAO CEO, Kingdom Community Bank, Main Street, Methilhill, Fife KY8 2DP.

### FOR OFFICE USE ONLY

Received  Initials  References checked  Initials

Approve / Not Approved / Query  Initials

Notes

[www.kingdomcb.org.uk](http://www.kingdomcb.org.uk)

Kingdom Community Bank is a trading name of Kingdom Credit Union Ltd.

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