



Volunteer Application

Name: _____ Date: _____

Visions FCU Member Number: _____ DOB: _____

Address: _____

Employer: _____ Job Title: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

E-mail Address: _____

What interests you most:

☐ Board of Directors ☐ Supervisory Committee ☐ Nominating Committee ☐ Any Volunteer Position

What inspires you to volunteer at Visions?

Education:

High School: _____

College(s), Major, and Degree: _____

Other: _____

Volunteer Experience:

If applicable, please describe and provide dates of any prior volunteer service or experience with Visions:

If applicable, please describe any service or experience with other credit unions or financial institutions within the last 5 years:

Please list any service to community or other volunteer organizations within the last 5 years:

Work Experience:

Please describe specific skills or areas of expertise you may have (e.g., CPA, law degree, IT experience, risk management, cybersecurity, marketing, HR):

Please answer each of the following questions:

- | | |
|---|--|
| Are you currently a Visions member? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be at least 21 but less than 75 years of age as of this upcoming January 1 st ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you aware that this is a volunteer, no pay position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you related to anyone who works for this Credit Union? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If elected/appointed, do you plan to attend all meetings as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to attend educational sessions paid for by the Credit Union? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a crime? If yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I authorize Visions Federal Credit Union to use the Social Security Number listed on my Visions account to obtain a credit report utilizing the credit reporting agency of its choice. If elected or appointed, I further authorize the credit union to check my credit record, as needed, on a continuing basis as it relates to the position. I understand that if a decision is made totally or partially due to adverse information on the credit report, Visions Federal Credit Union will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

Visions Federal Credit Union is subject to the United States Bank Bribery Act. My signature is also an acknowledgement that if appointed to a committee or elected to the Board of Directors, I agree to abide by Visions' Volunteer Conflict of Interest Policy which requires reporting any conflict of interest to the Board/Committee Chairperson, recusing myself from votes that affect my self-interest, and agreeing to not accept gifts of substantial value from members or vendors which are related to my position as a volunteer with Visions Federal Credit Union.

Signature: _____ Date: _____

Please attach a resume and mail your completed application to Visions FCU, Attn: VP/CGSO, 24 McKinley Avenue, Endicott, NY 13760, or email to jrosenberg@visionsfcu.org.