



VOLUNTEER APPLICATION
BOARD MEMBER AND SUPERVISORY COMMITTEE MEMBER
(Please Print)

Position Interested In: _____ Supervisory Committee Member _____ Board Member

Name: _____

Address: _____
Street City State Zip

Home Number: _____ Cell Number: _____

Email Address: _____

If at present address less than three years, list previous address:

Place of Birth: _____ Date of Birth: _____

Employer: _____ SSN: _____

If in present position less than five years, list previous employers:

<u>Dates</u>	<u>Employer and Address</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____

Education Background (Circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12
(Grade and High School)

1 2 3 4 Post Grad
(College)

Major Field of Study: _____

Other training or experience:

Are you willing to accept the position of trust for which you are volunteering and, if selected, do you agree to remain in office until such time as a qualified successor is found? [] Yes [] No

Once you have been informed as to the general duties and responsibilities of an official of the Credit Union, are you willing to devote the time necessary to familiarize yourself with and to perform your duties?
[] Yes [] No

Estimated number of hours per month you will be able to donate as a volunteer: _____

My reasons for wanting to serve on the Board of Directors or Supervisory Committee are:

List membership of professional societies and associations:

List any voluntary activities you are involved in:

Note: Because our directors and committee members are responsible for the safekeeping of our members' money, we believe they must be above reproach. For this is the reason, please answer the following questions.

Have you ever held a position of trust at a financial institution? [] Yes [] No
If yes, please list the position(s), the financial institution(s), and the date(s)''

Have you ever been a director or officer of a financial institution whose charter was revoked? [] Yes [] No
Have you ever been denied an individual or fidelity bond or had a bond canceled or revoked? [] Yes [] No
Have you ever been convicted of any criminal offenses involving dishonesty/breach of trust? [] Yes [] No
If yes, please list nature of offense, date of occurrence, date of conviction:

Read the following statement carefully before signing

I certify that the information provided on this form is true and correct. I certify also that I have a positive net worth and am current on all outstanding financial obligations. The Credit Union is hereby authorized to obtain a report on my credit history and seek whatever information is necessary for completing a background check, should the Credit Union so desire.

Date _____ Signature _____

PLEASE RETURN COMPLETED, SIGNED APPLICATION TO:

My Healthcare Federal Credit Union
4720 NW 39th Avenue
Gainesville, FL 32606

Attn: Beth McMahon
Board Application Coordinator

Completed form may also be faxed to 352-333-4805 – Attention: Beth McMahon