



Volunteer Application

Thank you for expressing interest in volunteering top service to your credit union. If you would like to be considered by the Volunteer Recruitment Committee, please fill in all the blanks below or attach a resume that fully responds to the areas you do not complete. The Committee will review your application and contact you directly to set up an interview.

The completed application, including the Notice to Volunteers Regarding Consumer Reports, can be mailed to the below address or uploaded to the online submission form by clicking "Upload".

APGFCU
Attn: Executive Assistant to the CEO
P.O. Box 1176
Aberdeen, MD 21001

Please complete.

Name: _____	Member No.: _____
Address: _____	
Phone: _____	Last Four Digits SSN: _____
Employer: _____	Job Title: _____
Address: _____	
Email: _____	Work Phone: _____

Eligibility Requirements:

1. Applicant must be a current primary member of APGFCU® with \$100 or more on deposit.
2. Applicant must have been a member of APGFCU or another credit union for at least six months or previously served in a volunteer capacity with a credit union.
3. Applicant must have good credit and no criminal convictions.
4. Applicant must have associated experience to perform the responsibilities of the volunteer position for which application is being made and be willing and able to act knowledgeably, independently and objectively.

I have read and meet the eligibility requirements listed above. Yes No

Are you a current APGFCU primary member? Yes No

If yes, when did you join? _____

Have you been a primary member at another credit union? Yes No

Do you serve or work in any capacity for another financial institution? Yes No

If yes, please explain: _____



Work Experience:

Educational Background (*Please list all degrees and certifications*):

Tell us why you are interested in becoming a volunteer with APGFCU:

Tell us what committee(s) interest you:

- Community Involvement Committee
- Credit Appeals Committee
- Governance Committee
- Human Resources Committee
- Planning, Budget & Asset Liability Management Committee
- Supervisory Committee
- Technology Committee

Are you interested in becoming a board member?

- Yes, I am interested in becoming a board member.
- No, I am not interested in becoming a board member.

All information is treated as confidential.



Please indicate any knowledge or skills that you may have in the following areas:

Leadership Qualities: *(Knowledge and understanding of how to read and understand financial reports and other accounting reports and budgets.)*

Financial Reports, Accounting, Budgeting: *(Knowledge and understanding of how to read and understand financial reports and other accounting reports and budgets.)*

Management: *(Management skills in both Personnel Management and Financial Management demonstrated either by education or experience.)*

Strategic Planning: *(Experience in establishing and documenting and articulating a corporate vision (direction).)*

Policy Making: *(Ability to formulate, review, and evaluate policy decisions.)*

Special Knowledge and Skills:

Any Other Financial or Management Related Experience:

Please sign that you have read, understand, and authorize the following statement:

"I would like my name to be presented to the Volunteer Recruitment Committee for consideration as an APGFCU volunteer."

Applicant's Signature

Date

All information is treated as confidential.



Notice to Volunteers Regarding Consumer Reports

Thank you for your interest in serving as an APGFCU volunteer. In our responsibility to our membership, we require our volunteers to consent to a consumer credit report investigation, including the retrieval of information concerning your credit and indebtedness, your character and general reputation.

I hereby authorize APGFCU to obtain consumer credit reports as described, and authorize any consumer reporting agencies to submit information or opinions of myself, including data received from other sources, in order that my volunteer qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made about me in compliance with the Fair Credit Reporting Act.

If you make a written request within a reasonable period of time after receipt of this disclosure, APGFCU will provide the name, address and telephone number of the reporting agency and the nature and scope of any consumer report request will be disclosed within five business days.

Before adverse action is taken based on a consumer report, you will be notified of the adverse action, be provided with a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act, including the right to dispute the accuracy or completeness of the report with the consumer reporting agency.

Name

Applicant's Signature

Date

All information is treated as confidential.