

**Finger Lakes Health Care  
Federal Credit Union  
Volunteer Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

FLHC FCU Member Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please Complete the Following**

**Education (Brief Summary of Major and Degree):**

High School: \_\_\_\_\_

College(s): \_\_\_\_\_

Other: \_\_\_\_\_

**Volunteer Experience (Brief Summary) - 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 (CPA, Law Degree, IT Experience, Risk Management, Marketing, HR, etc.):**

**Please answer each of the following questions:**

Are you aware that this is a volunteer, no pay position?  Yes  No

Are you related to anyone who works for this Credit Union?  Yes  No

If elected/appointed, do you plan to attend all meetings as required?  Yes  No

Are you willing to attend educational sessions paid for by the Credit Union?  Yes  No

Have you ever been convicted of a crime? If yes, please explain:  Yes  No

\_\_\_\_\_

## **Notification and Authorization for Board of Directors/Supervisory Committee Credit Report**

I authorize Finger Lakes Health Care Federal Credit Union 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.

If an adverse decision is made due totally or partially to the information on the credit report, Finger Lakes Health Care 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.

---

Print Name

---

Signature

Finger Lakes Health Care 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 Board of Directors Conflict of Interest policies which include reporting any conflict of interest to the Board Chairman, recusing myself from votes that affect my self-interest, and I understand that I am not to accept gifts of substantial value from members and vendors which are related to my position as a volunteer with Finger Lakes Health Care Federal Credit Union.