

A+ Federal Credit Union Supervisory Committee Memo

We appreciate your interest in obtaining information regarding a volunteer position at A+ Federal Credit Union.

Please read and complete the attached application in full. Applications must be received on or before **Tuesday, January 31, 2023**, at the following address:

By Mail:

A+ Federal Credit Union
Attn: Board Relations
P.O. Box 14867
Austin, Texas 78761-4867

Drop Off:

A+ Federal Credit Union
Attn: Board Relations
6420 E US 290 SVRD
Austin, Texas 78723

Consent Statement Volunteer for A+FCU

I, _____ (print name), fully understand and do hereby agree, that if selected as a volunteer of A+FCU, to conform and abide by the attached list of duties and responsibilities. I further give permission to obtain a credit report from the service used by A+FCU and criminal history report.

Date: _____

Signature: _____

Member Number: _____

Witness Name:*
(print name) _____

Witness Member Number: _____

Signature: _____

Witness Name:*
(print name) _____

Witness Member Number: _____

Signature: _____

*Note: Witnesses must be primary members of A+FCU, in good standing, and be 18 years of age or older.

A+ FEDERAL CREDIT UNION

Supervisory Committee Application

Supervisory Committee's Qualifications to Serve:

- Must be eighteen (18) years or older.
- Be a primary member in good standing with the credit union. A member in good standing is one who is bondable, has not caused a loss to the credit union, credit worthy, and has never been convicted of any felony criminal offense or any crime involving moral turpitude.
- Cannot have a conflict of interest with the credit union.

Supervisory Committee's Duties and Responsibilities:

- Be loyal to our credit union members and staff, and promote the credit union philosophy of members helping members.
- Devote the necessary time to execute the duties of a Supervisory Committee member.
- The Supervisory Committee provides for succession for Board members. As such, Committee members are expected to run for the Board of Directors or fill a vacancy as needed.
- Comply with all legal requirements and Board policies.
- Oversee the safety and soundness of the credit union.
- Work with external auditor and examiners.
- Oversee the internal control function of the credit union.
- Be an active, not a passive, volunteer.
- All new volunteers are required to participate and complete the required volunteer training program. Within the first year of service, two courses of the volunteer achievement program must be completed.
- Become familiar with the credit union's organizational structure, and the services provided.
- Attend credit union conferences for the purpose of becoming a more knowledgeable committee member.
- Fulfill the responsibilities of a Supervisory Committee member.
- Remember, you are dealing with, and privy to, confidential information.

A+ FEDERAL CREDIT UNION SUPERVISORY COMMITTEE APPLICATION FORM

Please print or type:

NAME _____ DATE OF BIRTH _____

A+FCU MEMBER NUMBER _____ MEMBER OF A+FCU FOR _____ YEARS

DRIVER'S LICENSE NUMBER _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

How long have been employed with the current employer? _____

Have you previously served as a volunteer Director or Committee Member for A+FCU? _____
(Yes/No)

If yes, when and in what capacity? _____

Have you served as a volunteer board or committee member at another credit union? _____
(Yes/No)

If yes, when and in what capacity? _____

Credit union committee members usually dedicate approximately 150 or more hours each year (monthly meetings, training, planning sessions). Are you willing to serve in this capacity? _____
(Yes/No)

Upon obtaining adequate experience as a Supervisory Committee member, are you willing to commit your time and talents to serve as an A+ Federal Credit Union Board of Director member? _____
(Yes/No)

Explain your qualifications to be a Supervisory Committee member for A+ Federal Credit Union. (Attach an additional sheet if necessary.)

A+FCU SUPERVISORY COMMITTEE APPLICATION FORM (Page 2)

Have you served in any capacity for another financial institution? (Yes/No) _____

If yes, when and in what capacity? _____

What educational background have you had in regard to financial institutions?
(Seminars, conferences, workshops, etc.)

Courses or experience in accounting and/or auditing?

Are you willing to attend conferences, workshops, etc., related to the duties of an A+FCU volunteer on your own time? (Yes/No) _____

Briefly describe your other volunteer activities.

List any additional information that might be pertinent to your A+FCU Supervisory Committee member candidacy. (Attach an additional sheet if necessary.)

List three (3) references.

Name

Phone Number

Email Address

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I have not been convicted of any criminal offense involving dishonestly or a breach of fiduciary duty.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT

Disclosure

The Fair Credit Reporting Act requires that A+ Federal Credit Union disclose to you that it will obtain a “consumer report” from a consumer reporting agency as part of its background investigation to determine your eligibility for volunteering as a Committee Member. The investigation will include criminal records. This report will be obtained solely for eligibility purposes. Before taking any adverse action based on the report, A+ Federal Credit Union will provide you a copy of the report and a description of your rights as a consumer under the Fair Credit Reporting Act.

Consent

I hereby authorize A+ Federal Credit Union to obtain a consumer report, which will include a search of criminal reports. I release from all liability all people and entities that request or supply such information, including A+ Federal Credit Union, its agents and employees.

Name: _____

Signature: _____

Date: _____

Social Security Number: _____

TX DL/ID Number: _____

RELEASE OF INFORMATION

I hereby authorize the release of my consumer credit report to A+ Federal Credit Union for the purpose of consideration for nomination to the Supervisory Committee.

I also understand that the investigation will include a search of criminal records. I certify that I have not been convicted of any criminal offense involving dishonesty or a breach of fiduciary duty.

I release from all liability all people and entities that request or supply such information, including A+ Federal Credit Union, its agents and employees.

Name: _____

Signature: _____

Date: _____

Social Security Number: _____

TX DL/ID Number: _____

DISCLOSURE AND AUTHORIZATION

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES ON BEHALF OF

A consumer report or investigative consumer report including information about your character, general reputation, personal characteristics, or mode of living may be obtained. According to the Fair Credit Report Act, upon receiving a written request, Employment Screening Services, Inc. (627 E. Sprague, Suite 100, Spokane, WA 99202, 1-800-473-7778) will provide information regarding the nature and scope of the report, should it include information about your character, general reputation, personal characteristics or mode of living and a summary of your rights.

The ESS privacy policy can be found at www.essprivacy.com

California Residents: Per California Civil Code 1786.16, you will be notified in writing of the nature and scope of the investigative consumer report should one be required, including a summary of the provisions in section 1786.22.

Washington and Oregon State Residents: A credit report or other information regarding credit worthiness, credit standing, or credit capacity may be obtained only if such information is legally required or substantially job-related. This includes employment where job duties involve access to and/or responsibility for business or personal financial information, check-writing or credit/debit card authority, or access to valuables or large amounts of cash.

Illinois Residents: Per the Illinois Employee Privacy Act, a credit report may be obtained only if such information is related to a "bona fide occupational requirement" such as positions that require: bonding by state or federal law; unsupervised access to cash or marketable assets valued at \$2,500 or more; signatory power of \$100 or more per transaction; a managerial position that involves setting the direction or control of the business; access to personal, financial or confidential information, trade secrets, or state or national security information.

MA, NJ, NY, ME, and WA Residents: Per state civil codes, upon written request, you will receive a copy of the consumer report upon its completion.

AUTHORIZATION

I have been provided and have read a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, credit history, educational transcripts, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to Employment Screening Services, Inc. and/or its agents or representatives. (In accordance with the federal American with Disabilities Act, a worker compensation claim search will not be requested unless a conditional job offer has been made.) I understand that if hired, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the company Human Resources office.

SIGNATURE

DATE

FULL LEGAL NAME (print or type - first, middle, last)

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR RECEIVED A DEGREE

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH*

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE

POSITION FOR WHICH YOU ARE APPLYING

MAY WE CONTACT YOUR CURRENT EMPLOYER? (✓ below)

YES

NO

N/A

**The DOB is used for identification purposes only and plays no part in the selection process.
All federal and states rights are respected.*

CA, OK, & MN APPLICANTS ONLY:

You have the right to receive a copy of any consumer reports or investigative consumer reports should one be requested on you for employment reasons.

I wish to be furnished with a copy of my consumer and/or investigative consumer report should one be ordered.

