#### 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 **Friday, January 31, 2025, at 5:00 P.M.** 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

l,	(print name), fully understand and do hereby agree, that if selected
	onform and abide by the attached list of duties and responsibilities. I further give eport 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		
HOME PHONE	WORK PHONE	
EMAIL ADDRESS		
	current employer?	
Have you previously served as a volunte	eer Director or Committee Member for A+FCU?	
If yes, when and in what capacity?		(Yes/No)
Have you served as a volunteer board o	or committee member at another credit union?	(Yes/No)
If yes, when and in what capacity?		(103/100)
Credit union committee members usuall	ly dedicate approximately 150 or more hours each year	
(monthly meetings, training, planning se	essions). 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 Supervadditional sheet if necessary.)	visory Committee member for A+ Federal Credit Union. (Att	tach an

# 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
I certify that I have not been convicted of a	ny criminal offense involving di	shonestly or a breach of fiduciary

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

Signature:

## 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:	