

Scient Federal Credit Union P.O. Box 499 • 60 Colver Avenue Groton, CT 06340-0499 Tel: 877 860 MYCU www.scientfcu.org

VOLUNTEER APPLICATION FORM

	Name	D	ate	
	Home Address			
	Mailing Address (if different)			
	Personal Cell	В	usiness Cell	
	Home Number	W	/ork Number	
	ax Number			
	Place of Employment	С	urrent Position Held	
	Number of Years with Employer	0	ther Positions Held	
l would like to volunteer for:				
	Director – Board of Directors		Participates in all Board Meetings and functions. May be appointed to other committees by the board chair.	
	Associate Director – Board of Direct	ors	Participates in all Board Meetings and functions, but does not have voting power.	
	Member – Supervisory Committee		Responsible for making sure members' funds and interests are protected, and that the credit union's financial reports and operations are sound and in order.	
	Associate Member – Supervisory Committee		Responsible for making sure members' funds and interests are protected, and that the credit union's financial reports and operations are sound and in order. Does not have any voting power.	



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Are you a member of Scient Federal Credit Union? If so, for how long?
Why are you interested in volunteering?
Why do you think it would be worthwhile for you to volunteer time to the credit union?
What benefits would you hope to gain from this experience?
What particular knowledge, skills, and talents do you have that could contribute and benefit our credit union?
Are you familiar with the credit union industry?
Do you currently volunteer for any other credit unions?
Have you volunteered for any other type of organization? If so, where and for whom?
If selected, would you be able to attend 1 to 2 meetings per month and are you able to commit your time outside of those meetings?