VOLUNTEER



Please Print or Type:		CREDIT ONTON	
NAME: _			
Mid Carolina Account Numb	oer:_	Member of credit union for	years
Home Address:			
Primary Phone Number:		Secondary Phone Number	
Educational Background (Lis	st College(s), Special School	ls or Training, Degrees):	
Occupation:			
Name of Employer:			
How long have you been em	nployed with your current o	employer?	
Have you previously served credit union?	as a volunteer board mem YES / NO	ber or committee member for Mid Carolin	a CU or any other
If yes, when and in what cap	pacity?		
Have you served as a volunt	eer or paid director or com	nmittee member for another financial insti	tution? _
If yes, when and in what cap	pacity?		
What educational background workshops, etc.)?	nd or training have you had	d in regard to financial institutions (semina	irs, conferences,
Briefly describe your other v	olunteer activities:		
Explain why you would like t	to be a volunteer for MPCL	J (attach an additional sheet if necessary).	



Credit union volunteers

100-200 hours each year. Are you willing to serve in this capacity? (All terms are three year terms)

YES

YES / NO

Are you willing to attend on your own time conferences, seminars, workshops, etc,. that are related to the duties of a Mid Carolina volunteer? (Registration and travel expenses are paid by the credit union.)

YES / NO

Are you aware of any potential conflict or interest, either personal or occupational, for yourself or your family members that may preclude volunteer service? YES / No

If yes, please explain __

I certify that I have not been convicted of any criminal offense involving dishonesty or a breach of fiduciary duty. I
authorize you to order a consumer credit report, a criminal record report and a bondability report at such time as
you may require. I also understand that the Nomination Committee will use the above information and any other
information they deem appropriate for volunteer service to Mid Carolina CU.

Signature	Date	