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Supervisory Committee:
PO Box 359 • Box Elder SD 57719

VOLUNTEER APPLICATION FORM

Please print or type:

NAME _____

MEMBER ACCOUNT NUMBER _____ MEMBER OF SFCU FOR _____ YEARS

HOME ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EDUCATIONAL BACKGROUND _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

How long have you been employed with your current employer? _____

Have you previously served as a volunteer Board Member or Committee Member for SFCU? 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?

Briefly describe your volunteer activities. _____

Explain why you would like to be a volunteer for SFCU?

Have you served as a volunteer, paid director or committee member for another financial institution? YES NO

If yes, when and in what capacity? _____

What educational background or training (seminars, conferences) have you had in regard to financial institutions?

Credit union volunteers usually volunteer approximately 50-100 hours each year. Are you willing to serve in this capacity?
 YES NO

Board member terms are two (2) years and Supervisory Committee terms are one (1) year.

Are you willing to attend conferences, seminars and workshops related to the duties of a SFCU volunteer on your own time? (Registration and travel expenses are paid by the credit union.) YES NO

Check below the area in which you want to volunteer for SFCU?

Board of Directors Supervisory Committee Other Volunteer Committees

List any additional information that might be pertinent to you becoming a candidate for a SFCU volunteer position (educational background and work experience). Attach an additional sheet if needed.

Are you aware of any potential conflict of 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 at such time as you may require. I also understand that the nominating committee will use the above information and any other information they deem appropriate for volunteer service to greater Sentinel Federal Credit Union.

Signature of Volunteer Candidate

Date