BOARD AND COMMITTEE MEMBER APPLICATION

EATON FAMILY CREDIT UNION, INC.

Please print or type:

NAME

EFCU (Eaton Family Credit Union) MEMBER ACCOUNT NUMBER

MEMBER OF EFCU FOR YEARS

HOME ADDRESS

CITY, STATE, ZIP

HOME PHONE WORK PHONE

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 EFCU? YES/NO If yes, when and in what capacity?

EFCU VOLUNTEER APPLICATION FORM Page 2

Have you served as a volunteer board or committee member at another credit union? YES/NO If yes, when and in what capacity?

Explain why you would like to be a volunteer Director for EFCU.

Briefly describe your other volunteer activities.

Have you served as a volunteer or paid director or committee member for another financial institution? YES/NO If yes, when and in what capacity?

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

Credit union volunteers usually volunteer approximately 100-200 hours each year. Are you willing to serve in this capacity? YES/NO

Board members terms are three (3) years. Are you willing to service the full length of your term?

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

List any additional information that might be pertinent to your becoming a candidate for a EFCU volunteer position including educational background and work experience.

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 agree to have the Eaton Family Credit Union, Inc. conduct a background investigation and order a Consumer Credit Report. In addition, I agree to complete a drug test.

I understand that the nominating committee will use the above information and any other information they deem appropriate for volunteer service to Eaton Family Credit Union, Inc.

Signature of Volunteer Candidate

Date

Eaton Family Credit Union Profile Board of Directors

BOARD OF DIRECTORS

Eaton Family Credit Union (EFCU)'s Board of Directors is made up of nine (9) directors. Directors are elected by ballot or appointed during the year and announced at the Annual Meeting of the credit union. Generally, each director is elected for a three (3) year term. There are an odd number of directors to avoid tie votes. The Chair of the Board of Directors is the tie-breaker. All directors are volunteers with the exception of the CEO.

Officers of the Board include Chair, Vice Chair, Secretary, and Treasurer and are elected by the Board of Directors immediately following the annual meeting. Generally, the Treasurer of the Board of Directors is the CEO of the Credit Union.

The objective of EFCU's Board of Directors is to represent a well-rounded make-up of the Credit Union membership.

Eaton Family Credit Union Director Responsibilities

Title:Board of DirectorReports To:MembersSupervises:CEO

Primary Function:

To assure that the credit union maintains a sound financial conditions, set policy, plan the credit union's course, keep communication open to members, review CEO's progress in achieving goals and objectives, report to members at the annual meeting.

Specific Duties:

- Make sure the credit union maintains sound financial conditions and that credit union assets are protected against unauthorized or illegal acts. Designate depositories, authorize borrowing and investing, and provide for bonding and other security factors, including internal control procedures. Approve interest rates, dividends and refunds. Approve loan limits and savings minimums.
- Make sure the credit union adheres to all pertinent Federal, State and local laws, regulations, and business practices.
- Work with the CEO and other board members to develop objectives and goals for credit union.
- Ensure policies are established and approved for all credit union programs and activities.
- Work with the other board members to develop the long term strategic objectives and goals for the credit union.
- Approve the credit union annual budget.
- Hire CEO, define the scope of this position, and review progress in attaining goals and objectives.
- Attend board meetings and exercise judgment independently from the CEO, and report to members at the annual meeting.
- Recruit, select and provide necessary training for Supervisory Committee Members.

Qualifications:

- Must be a member in good stand of the Credit Union.
- Must be capable of acting for the benefit of the membership.
- Must not have been convicted of a felony.
- Must be bondable by the Credit Unionøs insurance company.
- Must have and maintain a positive credit report and pass a background investigation and drug test.

- Must be willing and able to commit the time required to actively participate in meetings of the Board, its committees and related activities.
- Must be willing to commit to continued learning, in part, by completing the annual training and education requirements.
- Must have the ability to work professionally and effectively with other Board members and credit union management.
- Must be willing and able to remain on the Board for the term they are being elected or appointed to.
- Must have an absence of a relationship with competitors or other third parties that could present a conflict of interest or other legal issues.
- Must have attained a level of education at the minimum of a bachelorøs degree.

Disclosure to Volunteer Applicant Regarding Procurement of A Consumer Report

In connection with your application for volunteer service, we may procure a consumer report on you as part of the process of considering your candidacy. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential volunteering, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your employer or references supplied to you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for volunteer Service.

Applicantøs Name:	
	(Please Print)
Applicantøs Address:	
City/State/Zip:	
Signature:	
Social Security Number:	

BACKGROUND INVESTIGATION RELEASE AUTHORIZATION

- 1. In connection with my application for volunteer service, I understand that a background investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the volunteer position, you may be requesting information from public and private sources about my: workersø compensation injuries, driving record, court record, education, credentials, credit, and references.
- 2. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school employer, reference or insurance company contacted by AVERT, INC. or its agent, to furnish the information described in Section 1.

The Following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the volunteer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name	Last	First		Middle
Please print other names you ha	ive used			
Home address				
City			State	Zip Code
Social Security Number				
Date of Birth The following states require Se Only complete if statewide crin AL, AR, FL, GA, IA, 1	ninal histories are ordered in the	ese states		
	Female Black 🗌 Hispanic	White	Other	
Drivers License Number			State issuing Li	cense
Name as it appears on license				
Signature			Todayøs Date	