



Confidential

VOLUNTEER APPLICATION FOR COMMUNITY AMBASSADOR COUNCIL

The iTHINK Financial Credit Union is an Equal Opportunity Organization. It is our policy to recruit and select applicants for volunteer positions without regard to age, sex, religion, race, creed, color, national origin, marital status, veteran status or on the basis of a disability not limiting the applicant's ability to perform satisfactorily the position available. No question on this form is intended to secure information to be used for such discrimination. It is the policy of the iTHINK Financial to provide reasonable accommodations or assistance, upon request, to assist disabled applicants in completing this application.

The credit union does not enter into appointed or volunteer status contracts for a defined duration and nothing contained in this application, or in any guidebooks or handbooks that may be distributed to the applicant at any time, shall be construed as a contract.

Please complete this Application as thoroughly as possible. We will review your qualifications, based solely on merit, when an opening occurs in the type of volunteer position you desire. The information you provide will be considered confidential and will be afforded the same protection as Credit Union confidential records.

PERSONAL DATA

Name: _____ Social Security Number _____
LAST FIRST MIDDLE INITIAL

Present Address: _____
STREET APARTMENT # CITY STATE ZIP CODE COUNTY

Telephone: () _____ Driver's License Number _____
AREA CODE NUMBER EMAIL ADDRESS

GENERAL

Are you a relative of any Credit Union employee, Board or Committee member? Yes No

If yes, please indicate name:

Do you have any commitments personal or professional, which may be a conflict of interest with the Credit Union?

Yes No

Have you ever been employed or held a volunteer position here before? Yes No If yes, give dates: From _____ To _____

Have you ever been bonded? Yes No

Have you been convicted of a crime within the last five years? Yes No

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			9	10	11	12		
HIGH SCHOOL								
COLLEGE OR UNIVERSITY			1	2	3	4		
OTHER (SPECIFY)			1	2	3	4		

REFERENCE

Please provide the information below for at least three former supervisors, co-workers, or others (not previously shown), who have been in a position to objectively evaluate your training, experience and capabilities. (Exclude friends or relatives.)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

LIST BELOW YOUR LAST THREE EMPLOYERS

BEGINNING WITH YOUR MOST RECENT

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD	NAME OF SUPERVISOR
	MO	YR	MO	YR		
	DESCRIBE TYPE OF WORK YOU DID:					
TELEPHONE						

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD	NAME OF SUPERVISOR
	MO	YR	MO	YR		
	DESCRIBE TYPE OF WORK YOU DID:					
TELEPHONE						

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD	NAME OF SUPERVISOR
	MO	YR	MO	YR		
	DESCRIBE TYPE OF WORK YOU DID:					
TELEPHONE						

I hereby give permission to contact the employers listed concerning my experience.

SIGNATURE OF APPLICANT _____ **DATE** _____

NOTICE TO APPLICANTS

Your application will be considered active for a period of six months from this date. You will be considered for any suitable volunteer opening that occurs within that time period. If you are not contacted by the credit union within the six-month period, your application will be removed from the files. If you wish to have your application remain active beyond the six-month period, you must contact the credit union either in writing or in person to update your application.

I, the undersigned, state that this application was completed by me, and that the information contained is accurate to the best of my knowledge.

I authorize the persons, schools, current employer (if approved) and other organizations or employers named in this application to provide the iTHINK Financial Credit Union and its representatives with any relevant information.

I authorize the iTHINK Financial Credit Union to conduct a bond ability verification, and a criminal record search on my behalf and understand that unsatisfactory results will exclude me from further consideration.

I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if a Volunteer of the iTHINK Financial Credit Union, termination of the Volunteer relationship.

SIGNATURE OF APPLICANT _____ **DATE** _____