

 **Volunteer Application**

Mission Statement: To provide superior financial service responsive to our members’ needs.

# PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Member Number: |       | Years of Membership:      |  [ ] Unsure  |

MAILING INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |       |       |  |
|  | Last |  | First |  | Middle |  |  |
| Address: |       |       |  |
|  | Street |  |  |  | Apt/Suite |  |  |
|  |       |       |  |       |  |
|  | City |  |  | State |  | Zip Code |  |

CONTACT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cell Phone:  |       |  | Home Phone:  |       |  |
| Personal Email: |       |  |  |  |  |
|  |  |  |  |  |  |

EMPLOYMENT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer: |       |  | [ ]  Retired |  |
| Work Phone:  |       |  | Work Email: |       |  |
|  |  |  |  |  |  |

# HANSCOM FCU INVOLVEMENT

*Select the Committees you’d be interested in: (Check All That Apply)*

[ ] Advisory [ ]  Supervisory [ ]  Charitable Foundation

*Why are you interested in this committee?*

*What skills and interests can you share with the credit union?*

# AUTHORIZATION (PLEASE READ THE FOLLOWING DISCLOSURE AND SIGN)

I will serve as a volunteer for Hanscom Federal Credit Union and fulfill the obligation thereof. My signature below also serves as authorization for a consumer credit profile to be obtained and used in the process of an appointment to the committee.

Applicant’s Signature Date

**Please Return To:** Hanscom FCU, Attn: Cara Powers, 1610 Eglin St, Hanscom AFB, MA, 01731

**Or Email To:** cpowers@hfcu.org, Subject: (Name) Volunteer Form Submission