

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Member Number:		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?
Home Phone:	Work Phone:	Cell Phone:
Best Number to Reach You: <i>(Please circle)</i> Home Work Cell		
Email Address:		<i>(Please circle)</i> Personal or Work

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

EDUCATION BACKGROUND

Level of Education: <i>(Please circle)</i> High School Diploma Some College Associates Degree Bachelor's Degree Advanced Degree
Other: _____
Financial Education/Training Background:

VOLUNTEER ACTIVITIES

Organization:	
Address:	How long?
Organization:	
Address:	How long?
Have you ever served as a credit union volunteer: <i>(if so, where)</i> _____	
In what capacity: <i>(Please circle)</i> Board Of Director Supervisory Committee	Other: _____
Dates of Service:	

SIGNATURES

Delaware Alliance Federal Credit Union is subject to the United States Bank Bribery Act.
 I certify that I have not been convicted of any offense involving dishonesty or a breach of fiduciary duty.
 I authorize the verification of the information provided on this form.
 I authorize you to obtain a Consumer Credit Report at such time as you may require.
 I understand the nominating committee will use the above information and any other information they deem appropriate for
 volunteer service to Delaware Alliance Federal Credit Union.
 I have received a copy of this application.

Signature of applicant:	Date:
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Notification and Authorization for Board of Directors/Supervisory Committee Credit Report

I authorize All4You FCU to obtain a credit report, utilizing the credit reporting agency of its choice. If elected or appointed, I further authorize the credit union to check my credit record, as needed, on a continuing basis as it relates to the position.

If an adverse decision is made due totally or partially to the information on the credit report, AllyFed will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

Print Name _____

Signature _____ Date _____

Social Security _____ DOB ____/____/____