

VOLUNTEER APPLICATION  
BRIDGETON ONIZED FEDERAL CREDIT UNION  
2550 SOUTH MAIN ROAD, VINELAND, NJ 08360

Bridgeton Onized Federal Credit Union is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disabilities, veteran status or any other status protected under local, state, or federal laws.
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(PLEASE PRINT IN INK)

Position(s) Applied For _____ Board of Directors      _____ Super. Comm.		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number		Alternate Number	
How did you hear about us? (Please check all that apply.) _____ Member      _____ Current Employee      _____ Other (Please Specify)			

Please answer the following questions:

Are you a current member in good standing? YES NO

Are you over the age of 18 years? YES NO

Are you able to perform the essential functions of the position  
with or without a reasonable accomodation? YES NO

*(If you have any questions, please ask the representative before answering  
this question.)*

Have you ever applied or served as a volunteer before with our credit union?  
(If yes, please give date.) YES NO

Do you have any relatives currently employed by Bridgeton Onized FCU?  
If yes, please give their name and relationship to you. YES NO

What is your current vocation? \_\_\_\_\_

Why are you interested in serving on the BOFCU Board of Directors/Supervisory Committee?


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Have you ever been convicted of or have charges pending for a felony or misdemeanor? YES      NO

If yes, what charge? \_\_\_\_\_

Are you able to commit to a monthly meeting normally scheduled the fourth Tuesday of the month at 6:00 p.m.? (If applying for Director position.) YES      NO

Do you have any training or experience in any of the following areas?  
(Please circle all that apply?)

Education	Accounting	Financial Mgmt
Advertising/Marketing	Fundraising	Legal
Public/Community Relations	Technology	
Criminology	Human Resources	

On what date would you be available to begin volunteering? \_\_\_\_\_

Days and Hours Available: *(If appointed, I will notify the chairperson in writing, should my availability change.)*

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						
PM						

#### EDUCATION

	Name of School	Course of Study	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

#### EMPLOYMENT HISTORY

Position Held	Employer	Years Employed

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Please list any academic honors, scholarships, offices held, specialized training, apprenticeships, licenses, or skills etc. (*Do not list any which reflect your race, color, religion, gender, national origin, age disabilities, or veteran status.*)

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REFERENCES (Please list three persons not related to you who can provide professional references.)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP AND YEARS KNOWN

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of appointment or immediate termination of my volunteer status regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee appointment. I understand that none of the documents, policies, procedures, actions, statements of BOFCU or its representatives used during the interview process is deemed an appointment, real or implied. I understand that no representative of BOFCU has the authority to enter into any agreement guaranteeing any conditions of appointment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Board President of BOFCU.

In consideration for volunteering at BOFCU, if appointed, I agree to conform to the rules, regulations, policies and procedures of BOFCU at all times and understand that such obedience is a condition of appointment.

I hereby authorize any and all schools, former employers, references, courts, and any others who have

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information about me to provide such information to BOFCU and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for appointment after this period, I must fill out and submit a new application.

Bridgeton Onized FCU will not accept any applicant found to have been convicted of or having charges pending for a felony or misdemeanor.

Bridgeton Onized FCU will not accept any applicant found to be an immediate family member of a director or committee member or an immediately family member to a paid employee.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

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Signature

Date