

TEG Federal Credit Union Volunteer Application

Name:					
TEGFCU Member Number:		DOB:			
Address:	_				
City, State, Zip:					
Work Phone:	Cell Phone:	Home Phone:			
E-mail Address:					
I would like to volunteer on:					
☐ Board of Directors ☐ Sup	pervisory Committee				
What Interests You About Volu	nteering for TEGFCU?				
Please A	ttach a Resume and C	omplete the Following			
Volunteer Experience (Brief S	Summary):				
Please list service or experience	e with other credit unions or fir	nancial institutions within the la	st 5 y	/ears:	
Please list any service to comm	nunity or other volunteer organ	nizations within the last 5 years:			
Please answer each of the fo	llowing questions:				
Are you currently a TEG Feder	al Credit Union member?			Yes	No
Are you at least 18 years of ag	e?			Yes	No
Are you aware that this is a vol	unteer, <u>no pay</u> position?			Yes	No
Are you related to anyone who	works for this Credit Union?			Yes	No
If elected/appointed, do you pla	an to attend all meetings as red	quired?		Yes	No
Are you willing to attend educa	tional sessions paid for by the	Credit Union?		Yes	No
Signature:		Date: _			
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Please send completed application to volunteer@tegfcu.com or mail to TEG Federal Credit Union/Marketing, 1 Commerce St, Poughkeepsie, NY 12603. For more information contact Walter V. Behrman at (845) 452-7323.