



Volunteer Interest Form

Name _____ Account # _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer Name _____ Phone _____

Work Address _____

City _____ State _____ Zip _____

Describe Your Work Experience (Include Areas of Expertise, e.g. Finance, Human Resources, Law, etc.) _____

Educational Level Completed _____

How Would You Like to Volunteer for the Credit Union? _____

Availability (List Time of Day and Days of Week That You Are Available): _____

Volunteer Activities (Describe All Other Volunteer Work You Perform): _____

Signature _____ Date _____

**Return this form by email to board@communityresourcefcu.com or mail to:
Board Chairman, Community Resource FCU, 20 Wade Road, Latham, NY 12110
Please note that volunteer candidates may be subject to a background check.**