



609 W 21st Street | Yankton | SD | 57078
800.491.4309 | ExplorersCU.com

SUPERVISORY COMMITTEE APPLICATION

Name _____

Date of Birth _____ Primary Phone _____ Work Phone _____

Email _____

Address _____ City _____ State _____ Zip Code _____

Explorers CU Account Number(s) _____ Years of Membership (if known) _____

Employer Name & Address	Present Title & Occupation	Primary Duties	Length of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

Post Graduate School _____ Degree _____

Under Graduate School _____ Degree _____

High School School _____ Degree _____

Why would you like to be, or remain, on the Supervisory Committee?



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What do you like about the Credit Union?

Describe your family. Children (ages), spouse (what do they do, etc.)

What are your hobbies?

Are you now or have you ever been an employee of Explorers CU? Yes No

If yes, dates employed: _____

Are you an employer, employee, supervisor, or subordinate of any employee or committee member now seated?

Yes No If yes, please provide additional information: _____

Are you a member of the immediate family of any employee or committee member now seated?

Yes No If yes, please provide additional information: _____

Any other biographical information you would like to share?



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STATEMENT OF CONSENT TO SERVE ON THE SUPERVISORY COMMITTEE

I hereby request that I be considered for appointment to the Supervisory Committee.

I agree that, if elected/appointed to serve on the Supervisory Committee, I will conform to and abide by the following:

1. Attend regular and special meetings of the Supervisory Committee.
2. Give all assistance possible to my fellow Supervisory Committee Members, Board Members, and staff of Explorers FCU to the best of my ability.
3. Disclose any conflict of interest to the Board as required by the Explorers FCU By-Laws, and the Code of Conduct.
4. Continually seek to learn more about the Credit Union, its services, and my individual responsibilities as a Supervisory Committee Member.
5. Keep Member information confidential.
6. Understand that, as a Supervisory Committee Member, I have a fiduciary responsibility to that institution as required by law, and as such must carry out my duties in good faith and in a manner that I reasonably believe is in the best interests of members.

I hereby certify by my signature below that:

1. I wish to serve on the Explorers FCU Supervisory Committee and intend to serve if elected or appointed.
2. I grant the Nominating Committee of Explorers FCU the right to perform appropriate background checks (including, but not limited to, obtaining and reviewing consumer credit reports) as necessary to verify my eligibility for bond coverage as a Committee member. I also understand that my service is contingent upon confirmation of that eligibility.
3. I am not currently, and if elected/appointed will not become, an officer, director or employee or otherwise interested party of any business entity that competes in a material manner, directly or indirectly, with this credit union.
4. I will abide by the procedures of the Nominating Committee in the resolution of any tie vote.
5. The biographical information I have provided is correct, and I grant to Explorers FCU the rights to its use with regard to election or appointment of officials and any subsequently related announcements.

Signature

Date



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SUPERVISORY COMMITTEE JOB DESCRIPTION

TITLE: Committee Member

REPORTS TO: Board of Directors and Members

BASIC FUNCTIONS:

To act as the guardians of the members' interests and rights and carry out on a continuing series of checkups to ensure that records are maintained properly, honestly, and accurately; that policies established by law and by the Board are carried out faithfully; and that members concerns are promptly addressed and resolved.

BASIC RESPONSIBILITIES:

1. Select an accounting firm and sign the engagement letter for all audits required by our regulators.
2. Review audit findings annually following completion. Ensure that corrections were made in a timely manner by staff.
3. Prepare an annual report for the members annually.
4. Attend monthly Supervisory Committee meetings and distribute timely minutes of all meetings to the Board.
5. Recommend to the Board policies and procedures that will insure proper operational checks and balances to protect the credit union assets
6. Actively participate in cash verifications of the operation.
7. Have authority to suspend any board member by unanimous vote; if necessary, in accordance with regulations.
8. Deal with any applicable complaints or concerns of individual members relating to the safety of members' interest.
9. Consider the business of the Credit Union and its members to be confidential in nature and treat it accordingly.

QUALIFICATIONS:

1. Must be a member of Explorers CU in good standing.
2. Minimum of 1 year previous Explorers CU Membership, preferred
3. Must be separated from Explorers CU employment for a minimum of 3 years, if applicable.
4. Terminated Explorers CU employees are not eligible to be nominated.
5. Must be at least 18 years of age.

EXPECTATIONS OF SUPERVISORY COMMITTEE MEMBERS:

In addition to the above, volunteers serving on the Supervisory Committee, are expected to:

1. Be eligible without question for bond coverage.
2. Have the ability and desire to attend the educational program(s) where these are necessary to perform the duties of a Supervisory Committee Member.
3. Have demonstrated a desire to learn about the Credit Union, the duties of its elected/appointed officials, its products and services, and the laws and regulations that govern it.
4. Act as a positive ambassador for the Credit Union and its products and services.

TIME REQUIRED:

Approximately 1-2 hours per month (or as discussed with Chair)



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