



DIRECTOR APPOINTMENT APPLICATION PACKET

The role of Emerald Credit Union's Board of Directors is centered around providing leadership, setting strategy, ensuring the financial health of the organization, complying with the Ohio Department of Financial Institutions (ODFI) and applicable regulations, and meeting fiduciary responsibilities to ensure the financial needs and expectations of the credit union membership are being addressed and met.

The duty of the Board of Directors is to meet the needs of the credit union membership. No individual board member has the authority to speak on behalf of the board, or to direct or instruct the activities of credit union (unless doing so in accordance with our Code of Regulations or written policies). A director must act with the care that a prudent person would exercise in a similar position, putting the interests of the credit union first and strictly upholding the policies and regulations relating to the operation of the credit union.

Mission Statement: Emerald Credit Union exists to be a positive agent of change within Cuyahoga County by providing its underserved communities and members with affordable, high-quality financial products and services. We strive to promote financial literacy, fiscal well-being, and to provide increased opportunities for economic prosperity among our membership base.

The standard term for an elected board member is three years. This comes with a commitment to attend monthly board meetings, the annual meeting, and to serve on various board committees. The Board of Directors typically meets on the third Tuesday of each month to review the financial performance of the credit union.

The following is a summary of eligibility requirements, rules, and parameters that are to be observed during the appointment application process:

- You must be an Emerald Credit Union member in good standing and at least 18 years of age.
- You must possess governance experience and/or strategic competencies pertinent to this credit union's future.
- You must be a member of this credit union for at least twelve (12) months.
- You must be willing to accept the responsibilities of office.
- You will be able to act independently and objectively.
- You are not an employee, employer, supervisor, living in the same household, family member or subordinate of any director/employee or any committee member now seated.
- You are not a former CEO of Emerald Credit Union.
- You have not been an employee of Emerald Credit Union for the last two years.
- You are not a former employee of Emerald Credit Union who has been terminated.
- You have not caused an unresolved loss to Emerald Credit Union.
- You are of good character, as determined by the Appointment Committee.
- You have no felony convictions, and you have a satisfactory credit report.
- You must provide a resume and a short biography stating the reasons for your interest in volunteering at the credit union.
- You must provide a statement affirming that you are agreeable to the appointment process and will serve on the Board of Directors for the duration of your term.
- It is highly recommended that you attend the Annual Meeting.

Thank you for your interest in serving on the Board of Directors of Emerald Credit Union. We are looking forward to receiving your completed appointment application package.

Respectfully,
Emerald Credit Union Board of Directors



DIRECTOR APPOINTMENT APPLICATION

As a candidate for appointment to the Emerald Credit Union Board of Directors, I am submitting the following statements of my intent:

1. I hereby agree to apply for appointment to the Emerald Credit Union Board of Directors and further agree to serve on the board, if appointed.
2. I understand the term of office is a three-year period, and the required commitments and duties consist of but are not limited to the following:
 - attend monthly board meetings
 - attend the Annual Meeting
 - serve on board committees and subsidiaries
 - serve as a board officer, when elected by the board members
3. I will furnish a resume and a short biography for publication to be used by the credit union Board of Directors as a reference in selecting the appointment candidates. The biography shall include the following criteria:
 - work experience
 - educational achievements
 - related organizational accomplishments
 - motivation for serving on the Emerald Credit Union Board of Directors
4. I will also furnish the signed authorization form allowing Emerald Credit Union to perform a background check and pull a credit report.

Printed Name _____

Signature _____

Date _____

All applicant correspondence should be addressed to:

Emerald Credit Union: Board of Directors
13201 Granger Road, Suite 1
Garfield Heights, OH 44125

Tel: 216-581-5581
Fax: 216-581-5590

The Board of Directors will inform you by mail if you are selected to be appointed to the Emerald Credit Union Board of Directors.



DISCLOSURE AUTHORIZATION
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

Emerald Credit Union (“the Company”) may obtain information about you for your candidacy to the Board of Directors, from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification; motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment or volunteer positions is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. (“First Advantage”), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your term to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my term, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____
Other Name/Alias _____
Social Security # _____ Date of Birth _____
Driver’s License # _____ State of Issuance _____
Present Address _____ Phone # _____
City/State/Zip _____

Signature _____ Date _____