



New Volunteer Questionnaire

1. Please provide your
Name: _____

Address: _____

Phone home, work and cellphone: _____

Email Address: _____
2. Are you a member of the credit union?
3. What motivated you to apply?
4. As a member owned organization, how do you feel you can represent the members of the credit union?
5. Are you involved in any other volunteer or community groups? If so, what does the group or organization do for the community? What is your function/position with the other organization?
6. What life experiences, training or skills do you possess that may benefit Gateway Metro Federal Credit Union?

7. What is/was your current/previous occupation?

8. Are you comfortable with various computer applications such as Zoom, Word, Adobe and Excel?

9. If we could help you in return, what would you want from the credit union?

10. Do you know of others who may be interested in volunteering and playing an important role for Gateway Metro Federal Credit Union?

11. Finally, is there anything not asked that you feel should be shared with the leadership of the credit union?

Thank you for your time and interest in volunteering, someone will contact you within a few days of returning this questionnaire.