



2024 Director Candidate Application Package

SASCU

Deadline: 11:59 p.m., Wed, January 31, 2024

sascu.com/Nominations

CHECKLIST – APPLICATION AND DOCUMENTATION

The [Candidate Application Form](#) and all other required items must be completed and returned by email to juliapayne@sascu.com or to the Administration Office of SASCU Financial Group located on the third floor of the Salmon Arm Downtown Branch (370 Lakeshore Dr NE), by 11:59 p.m., Wednesday, January 31, 2024.

To run as a candidate for the Salmon Arm Savings and Credit Union Board of Directors, you must:

- Complete the [Candidate Application Form](#)
- Complete [Background Check Release Form](#)
- Complete the [Photographic \(“Image”\) Authorization Form](#)
- Submit your [Director Candidate Biography](#) (electronically) (maximum 300 words)
- [Self Assessment](#)
- [Demographic Disclosure](#)
- Complete [Master Bond Application Form](#) (*not required from incumbents*)
- Provide your Resume including up to date employment history
- Provide a copy of Primary and Secondary ID
 - Primary ID – Government-issued Photo Identification
 - Secondary ID – Additional Identification in the Candidate’s Name
- Provide a current photograph electronically – high resolution (minimum 300 dpi; printable 3”x3”)
- Commit to a Candidate Video (this is completed after the Deadline to withdraw)



Candidate Application Form

TO: SASCU Credit Union Nominating Committee
ATTN: Julia Payne, Corporate Secretary (juliapayne@sascu.com)
 Administration Office, PO Box 868, 370 Lakeshore Drive NE, Salmon Arm, BC V1E 4N9
T 250.833.1343

Submission Deadline: 11:59 p.m. PT, Wednesday, January 31, 2024

I hereby submit my name as a Nominee in the Year 2024 election. I am a member in good standing* and I am willing:

- to stand for election, and if elected, to serve as a director;
- to observe the provisions of the *Credit Union Incorporation Act*, the *Financial Institutions Act* and other applicable Acts;
- I will complete a [Personal Information Return \(PIR\)](#) for submission to the BC Financial Services Authority;
- I will complete and comply with [Policy 16 - Conduct](#) adopted by the Board;
- I commit to completing the required AML & Privacy Training in the first month of being elected; and
- to observe the Rules of the Credit Union and procedures relating to the election.

Personal Information Consent:

I consent to SASCU Financial Group and its agents and representatives collecting, using, and disclosing my personal information to:

- a) verify my identity and maintain records of my personal information
- b) process this Nomination Package and administer and maintain records of, as applicable, the information collected within
- c) keep my records separate from others with the same name

I understand that some of the information collected may be shared with applicable third parties, including but not limited to the BC Financial Services Agency (BCFSA) and other regulators and service providers.

Personal information will be collected, maintained, and destroyed in accordance with governing privacy regulations (PIPA).

LEGAL NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ Alternate: _____

EMAIL ADDRESS: _____

OCCUPATION/EMPLOYER: _____

ALL ACCOUNT NUMBER(S): _____

Provide any details of any known potential conflict of interest circumstances:

SIGNATURE: _____ DATE: _____

* Any person seeking nomination must be a member in good standing as at the date of their nomination or appointment per [SASCU Rules](#).



Background Check Release Form

As part of our election process, SASCU is required to perform the following checks:

- Criminal Records Check
- Credit Report
- Bankruptcy & Insolvency Check
- Stabilization Central Credit Union Individual Fidelity Bond Application

Please complete this form and the attached consent with the personal information which we require to complete these checks. Your signature below will allow us to collect the required information.

Full Legal Name:	
Physical Address:	
Mailing Address:	
Date of Birth (mm/dd/yyyy):	
Social Insurance Number:	
Email address:	

I hereby certify that the information given in my resume and any other documentation used in the nomination package is true, correct and complete to the best of my knowledge and belief. I understand that, should I be elected, intentionally making false statements within any documentation used in the election process will be considered grounds for removal.

I understand and agree that the personal information I disclose on this form and the information provided on the Background Check will be reviewed to determine my eligibility to be a director candidate I have applied for and, if I am elected, for the purpose of our employment relationship. This consent is valid during the nominations period, and if elected, for the duration of my employment.

Date:

Candidate Signature



I hereby authorize Salmon Arm Savings and Credit Union ("SASCU") and its associated and related entities to publish photographs, audio, and video taken of me (my "Image") for use in SASCU's print, online, and video-based marketing and promotional materials which may include but is not limited to SASCU's newsletter, the Connect, its website, social media, and various other forms of print and electronic advertising. I also authorize the use of my Image for purposes associated with carrying out the duties and responsibilities of my position with SASCU.

I acknowledge and agree that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of my Image or my participation with SASCU marketing materials or publications.

I understand that this authorization remains in force and effect until revoked by me in writing.

Date:	
Name:	
Address:	
Phone Number:	

I do not authorize SASCU to use my Image for any purposes.

Candidate Signature

Director candidates are required to submit a brief biography of not more than 300 words (due to space limitations written in the third person:

BOARD SKILLS AND COMPETENCIES SELF ASSESSMENT

Key Steps for Analysis

1. The Nominating Committee and/or the Governance Committee reviews the desired skills, attributes and competencies needed for the effective governance of the Credit Union.
2. 'SA' is the Rating in the Self-Assessment. (It is important to be aware self-knowledge biases impact self-assessment. Please view the self-assessment as a guide and not as an objective ranking of skills)

SKILLS AND COMPETENCIES	0 <i>No Experience/ expertise</i>	1 <i>experience/ expertise is "minimal"</i>	2 <i>experience/ expertise is "fair"</i>	3 <i>experience/ expertise is "good"</i>	4 <i>experience/ expertise is "very good"</i>	5 <i>experience/ expertise is "excellent"</i>
FINANCIAL LITERACY						
STRATEGIC INSIGHT						
LEADERSHIP						
RISK MANAGEMENT						
DIVERSITY, EQUITY AND INCLUSION						
DIGITAL AND TECHNOLOGY EXPERIENCE						
COMMUNITY						
CORPORATE SUSTAINABILITY & ENVIRONMENTAL RESPONSIBILITY EXPEREINCE						
HUMAN RESOURCES AND TALENT MANAGEMENT						

DEMOGRAPHIC DISCLOSURE

Age:									
19 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		40 to 44 years	
45 to 49 years		50 to 54 years		55 to 59 years		60 to 64 years		65 to 69 years	
70 to 74 years		75 to 79 years		80 to 84 years		85 < years			

Board Experience:			
Years of Experience	0-2 years	2-5 years	5+ Years
Board Experience			

Resident of:	
Enderby or surrounding area	
Salmon Arm or surrounding area	
Sicamous or surrounding area	
Sorrento or surrounding area	

Optional Disclosure Questions:	
How do you identify (gender/identity):	

Do you self identify as a visible minority * (UBC adapted disclaimer)	Yes		No	
Do you self identify as an indigenous person?				
Is English your first language?				

* We recognize that visible minorities are defined as “persons, other than indigenous peoples, who are non-Caucasian in race or non-white in colour” by the *federal employment equity act* and we also recognize that ‘race’ (‘persons of visible minorities’) has been used to justify the hierarchical ranking of peoples and our intentions are to recognize that belonging to a visible minority still has social implications, and that the creation of a truly integrated society must start with the efforts to identify and address these consequences in a direct and systematic manner.

**The Master Bond Program
Fidelity Bond Application**

HR Employee Name: _____

Name of Credit Union: _____

Credit Report attached? Yes No

Criminal record check attached? Yes No

Criminal record check CLEAR? Yes No

Reason for Application: New Applicant Promotion
 Board Director Other: _____

INSTRUCTIONS FOR APPLICANT

1. Complete this application only if you are currently under consideration for employment, promotion, or for election to the Board of Directors.
2. Complete all questions fully and accurately, as all answers are material to this application. **PLEASE PRINT.**
3. Return the completed application to the Credit Union.

INDIVIDUAL FIDELITY BOND APPLICATION

Fidelity bonding is a firmly established business practice. The fidelity bond you are applying for, within its agreements, conditions and limitations, guarantees that the Credit Union will not sustain a loss by reason of your dishonesty. It also serves notice that you meet the high standards required by the issuer of your bond. Compliance with the Credit Union's rules and faithful and honest discharge of the duties of your position will assure your ability to obtain a bond in any future employment.

INSTRUCTIONS FOR EMPLOYER

To ensure that there are no delays in the processing of this application, ***BEFORE SUBMITTING***, please ensure that:

- a ***full 10 years*** of employment / personal experience is listed (age 18+). ***Gaps in history will require clarification.***
- the applicant ***provides a detailed explanation*** for answering "Yes" to any questions #1-#11 on page 2
- the applicant ***provides a detailed explanation*** for any unfavourable items on their credit report such as collection items, R9, Beacon score under 600, judgements etc.

PLEASE REVIEW THE APPLICATION IN FULL PRIOR TO SUBMITTING TO ENSURE ALL INFORMATION IS PROVIDED.

THE APPLICANT:

First Name Middle Name Last Name

Date of Birth _____ Social Insurance No. _____
(Month/Day/Year)

Current Address _____

Previous Address _____
(if less than 3 years at current address)

How many persons are dependent upon you for support (as per most recent income tax return)? _____

Title of new Position: _____ Date of Employment/Promotion/Election: _____

Position Level: Clerical/Teller Supervisory Management Director Other

ADDITIONAL NOTES

PREVIOUS EMPLOYMENT: (For the past 10 years for ages 18+ only)

Give full and complete names and addresses of previous employers, time engaged with each, position occupied, and reason for leaving. If there were periods when you were unemployed, please state what you did during that time. If you were not previously employed, provide general information regarding: **school attendance, leave of absence, illness or travel.** Additional space is provided on Page 5 of this application if required. If more space is still required, please continue on blank sheet and attach to this application.

Please provide a full 10 year history and ensure there is an explanation for any gaps

Name and Address of Previous Employer	Dates Employed	Last Position Held	Reason for Leaving
1.	From		
	To		
2.	From		
	To		
3.	From		
	To		
4.	From		
	To		

If you answer "Yes" to any of the below questions, please provide a full explanation in a separate letter and attach it to this application

	Yes	No
1. Has any application for a bond been declined by a surety company?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any person or surety company been compelled to pay a loss on your account?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever failed in your own business?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever voluntarily declared or been petitioned into personal bankruptcy or consumer proposal?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any part of your salary ever been garnished?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been found guilty of an offence for which you have NOT received an unrevoked pardon under the Criminal Code, the Food and Drug Act, or the Narcotic Control Act?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you accepted responsibility for a criminal offence in an "Alternative Measures" or other similar "Restorative Justice Program"?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you presently the subject of any civil action, or have you ever had a civil judgement rendered against you?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been discharged or asked to resign from any position of employment?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has it been determined by a court of law, quasi-judicial tribunal, or Board of Arbitration that you have committed a dishonest or fraudulent act of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you related in any way to any individual currently employed by this Credit Union?	<input type="checkbox"/>	<input type="checkbox"/>

**IT IS IMPORTANT THAT THE APPLICANT READ AND FULLY UNDERSTAND THE CONTENTS OF THE AGREEMENT
HEREUNDER BEFORE SIGNING**

AGREEMENT OF APPLICANT

I hereby warrant that the foregoing statements are true and correct, and in consideration of Stabilization Central Credit Union, hereinafter called the Insurer becoming Insurer for me under this bond (the term "bond" shall include the bond herein applied for, every continuation or alteration thereof, and any new bond) in my present or any other position, I agree to unconditionally indemnify and save harmless the said insurer against all actions, proceedings, liabilities, damages, loss, cost and expense, including costs of realization and legal fees on a solicitor client basis, that it may sustain or become liable for by reason of dishonesty on my behalf.

I ALSO UNDERSTAND AND AGREE THAT:

- (a) In the event I am bonded, and it is later discovered by the Insurer that any of the answers given are untrue or inaccurate, the insurer may, at its option, cancel the bond.
- (b) Should my circumstances change such that any of the answers given on this application (questions #1 to 11) by me are no longer accurate or true, then I shall immediately notify the Credit Union of such change and any failure to do so may result in cancellation of the bond, at the option of the Insurer.
- (c) In the event that I am bonded, I am bound by the terms and provisions of this Agreement.
- (d) The bond is automatically deemed cancelled and terminated on the discovery of any dishonest act on my part whether or not such dishonest act results in any monetary loss to the entity requiring the bond, the Insurer or any other person or organization.
- (e) The Insurer, its agent or the entity requiring the bond, may collect such additional information about me as may be necessary to review and verify the information contained on this bond application. Information may be obtained from sources such as: financial institutions, police forces (federal, provincial, municipal and foreign), current and former employers, credit bureaus, insurance companies, business associates, provincial and federal government departments and foreign governments. The information furnished on this form will be used by the Insurer to determine your eligibility for a bond.
- (f) I may be requested by the Insurer to periodically complete and file an updated "Applicant's Application for Fidelity Bond" in substantially the same form as the one filed herewith, with such modifications as may be requested by the Insurer.

I further represent and warrant that I have not concealed or failed to disclose any facts which, if known to the Insurer, would cause the Insurer to decline the bond or which would make the Insurer's liability greater than would normally be expected and I understand and agree that if any such facts should become known to the Insurer, it may, at its option, cancel the bond.

Signature of Applicant

Date

**NOTE: PLEASE ENSURE ALL QUESTIONS ARE ANSWERED BEFORE
SUBMITTING. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED**

PREVIOUS EMPLOYMENT CONTINUED:

Name and Address of Previous Employer	Dates Employed	Last Position Held	Reason for Leaving
.	From		
	To		
.	From		
	To		
.	From		
	To		
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