

# BOARD OF DIRECTORS 2026 CANDIDATE APPLICATION FORM



## Personal Information

Vision Credit Union will use the information you fill out here to contact you and verify your eligibility to stand as a candidate.

Last Name

First Name

Initials

Address

## Telephone

Home

Work

Mobile

Email Address

How would you like to be contacted?

- ☐ Home
- ☐ Work
- ☐ Mobile
- ☐ Email

Membership or Account Number

Have you ever been an employee, director, or officer of a Credit Union?

- ☐ Yes
- ☐ No

If yes, where and when?

Do you have any relatives currently employed by Vision Credit Union?

- ☐ Yes
- ☐ No

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If yes, please state the relationship between you and them.

**Employment and Community Involvement Information**

The Nominating Committee uses this information to ensure no conflicts of interest exist and to assess your skills, competence and experience in areas of interest to Vision Credit Union.

Current employer and position:

Previous employment (last five years):

Boards that you currently sit on (include the length of service):

Previous Board service (include time frame):

Community and/or volunteer involvement:

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Tell us why you would like to join the Vision Credit Union Board of Directors.

Board members bring experience, wisdom, strategic thinking, and their networks. Tell us about yours and how you plan to leverage this in support of Vision's strategic goals?

**Candidate Competency Self-Assessment**

The information provided below will be used to determine which candidates are endorsed for election.

In the sections below, please provide a brief description of some examples of how your background, skills and experience meet the identified criteria identified by the nominating committee. Please indicate your level of expertise/experience in the following table by circling:

|                   |  |
|-------------------|--|
| <b>4 - Expert</b> | You possess a degree/certificate/diploma in the skill area and/or have significant work experience in that field.        |
| <b>3 - Strong</b> | You have direct experience or significant familiarity with the field as part of your employment or volunteer activities. |
| <b>2 - Good</b>   | You understand the basic fundamentals and concepts that are encountered in this skill area.                              |
| <b>1 - Basic</b>  | You have little or no familiarity with the topic or area.  |

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| Competency / Area   | Rating   | Rationale for Self-Rating |
|---|--|---------------------------|
| <b>Leadership</b><br><i>Leadership traits; skills and effective professional and personal attributes</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Strategic Planning</b><br><i>Strategic planning concepts &amp; process; importance of clear strategic directions; monitoring of strategic plan implementation</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Governance and Ethics</b><br><i>Board roles and responsibilities; governance framework, related policies and practices</i>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Financial Literacy/Expertise</b><br><i>Reading and interpreting financial statements and financial performance indicators</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Audit and Compliance</b><br><i>Performance and regulatory standards; examination &amp; auditing procedures</i>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Risk Management Oversight; Enterprise Risk Management</b><br><i>Financial and operational risks; risk management and monitoring</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Board and CEO Performance</b><br><i>Setting criteria and standards of performance of the Board, directors, and the CEO</i>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Mergers and Acquisitions</b><br><i>Merger strategies; issues, benefits, and challenges</i>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Credit Unions and/or Cooperatives</b><br><i>Cooperative business model and operations</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Small Business Experience</b><br><i>Innovation and entrepreneurship</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Optional Competencies (To be completed if applicable)</b>  |  |                           |
| <b>Information Technology</b><br><i>Corporate IT enterprise administration, and an understanding of the requirements, risks, and regulatory issues surrounding information management for a financial institution</i>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Financial Institution Operations Asset Liability Management, Investments, Regulatory, Commercial Credit</b><br><i>Capital adequacy, liquidity adequacy, and other balance sheet related risks (such as interest rate risk) of a financial institution; commercial credit risk and financial management</i> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>Human Resources</b><br><i>Demonstrated experience with human resource issues in a corporate environment with knowledge of relevant regulatory requirements, executive compensation matters, and succession planning relating to the CEO</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |
| <b>General Corporate Legal Principles</b><br><i>Demonstrated experience with and/or an understanding of general corporate legal principles, including contract law, and issues relevant to a financial institution</i>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br>1 2 3 4 |                           |



## The Credit Union Bonding Program

Employee Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Criminal record check completed? ☐ Yes ☐ No

Criminal record check CLEAR? ☐ Yes ☐ No

Reason for Application: ☐ New Employee ☐ Promotion

☐ Other \_\_\_\_\_

### INDIVIDUAL FIDELITY BOND APPLICATION FOR EMPLOYEE

Fidelity bonding is a firmly established business practice. The fidelity bond you are applying for, within its agreements, conditions and limitations, guarantees that your employer 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 your employer'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 APPLICANT

1. Complete this application only if you are currently employed by the entity requiring the bond or you have accepted an offer of employment with the entity.
2. Complete all questions fully and accurately, as all answers are material to this application. **PLEASE PRINT.**
3. Return the completed application to your employer.

#### 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.

**TO ENSURE THAT ALL REQUIRED INFORMATION HAS BEEN INCLUDED, PLEASE REVIEW THE APPLICATION IN FULL PRIOR TO SUBMITTING.**

#### THE APPLICANT:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

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)? \_\_\_\_\_

#### POSITION:

Title of your new position \_\_\_\_\_ Date of Initial Employment/Promotion \_\_\_\_\_

Position Level: ☐ Clerical/Teller ☐ Supervisory position ☐ Management

**OTHER EMPLOYMENT:**

Do you have employment, other than at the credit union ☐ Yes ☐ No If "yes" complete the following:

Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

**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.** If more space is required, please continue on blank sheet and attach to this application.

**\*Please ensure that there are no gaps in the full 10 year history provided, otherwise please provide an explanation.\***

| 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:            |                    |                    |

**For the following questions, if you answer "Yes", please provide us with 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 the credit union which has hired you?   | <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 CUMIS General Insurance Company, 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 Insurer 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 "Employee'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.

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Signature of Applicant

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Date

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

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**Disclosure and Declaration Form**

I hereby acknowledge and affirm that:

1. I have answered, to the best of my ability, all questions included in the above Candidate Application form.
2. The information I've provided is true and complete to the best of my knowledge.
3. I have read the skills and requirements pertaining to the nomination and election process of the Board of Directors for Vision Credit Union.
4. As a candidate, I consent to a criminal record check and a credit check to verify that I'm a member in good standing and am bondable.
5. As a candidate, I will make myself available for an information session with the Nominating Committee in order to complete the nomination process.
6. As a candidate, I understand that campaigning on my behalf is not permitted by candidates for the Board of Directors.

Dated on:

Name (printed):

Signature:

Please email your completed Candidate Application form to [probinson@visioncu.ca](mailto:probinson@visioncu.ca) by 3:00 PM MST, January 2, 2026.

*Please note that only Candidate Application forms which are fully completed will be considered.*