

PURPOSE

SCCCU's Millennial/Latinx Advisory Team is a new Board-engaged initiative to gather members and non-members to meet, share their knowledge, and collaborate to improve our service offerings in our communities.

STRUCTURE

The Millennial/Latinx Advisory Team will include people from Watsonville, Aptos, Soquel, and Santa Cruz—both members and non-members of the Credit Union. The Team will go through a series of fact-finding exercises and activities, led by two SCCCUs outreach and member service managers. Meetings will be held bi-monthly on the second Tuesday at 5:30 p.m. in the Santa Cruz Branch Community Room. Food will be served at each meeting, and attendance at these meetings may be virtual.

CREDIT UNION MEMBER AND NON-MEMBER PARTICIPANT ELIGIBILITY REQUIREMENTS

If you would like to join us, we ask for the following qualifications:

- At least three (3) years of experience living, working, or attending school in Santa Cruz County or North Monterey County.
- Be between the ages of 18 and 30.
- Fill out the Millennial/Latinx Advisory Team Application.

SELECTION PROCESS AND TERMS OF APPOINTMENT

Upon selection, all Millennial/Latinx Advisory Team members will be asked to serve for a minimum of 12 months. The Credit Union may change the advisory team concept as the initiative evolves.

RESPONSIBILITIES

- Attend at least four meetings each year.
- Verbally participate in discussions at the meetings.
- Connect SCCCUs with Millennial and/or Latinx groups to explore partnership opportunities.
- Be available to answer questions and offer advice to new Team members.

MAIL YOUR APPLICATION TO:

Santa Cruz Community Credit Union
Attention: Everardo Munoz
Watsonville Branch, 590 Auto Center Dr., Suite 2A, Watsonville, CA 95076

You may also email your application to: marketing@scccu.org.

CALL 831-425-7708 OR VISIT WWW.SCCCU.ORG

Santa Cruz
324 Front Street
Santa Cruz, CA 95060

Watsonville
590 Auto Center Dr., Suite 2A
Watsonville, CA 95076

Soquel
2750 41st Avenue, Suite F
Soquel, CA 95073

Name:		
Member Number:	Length of membership:	
Home Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Mobile:
E-mail Address:		
Occupation: <input type="radio"/> Student <input type="radio"/> Work <input type="radio"/> Other		
If student, where do you attend school?		
If you work, what is your occupation?		
Where do you work?		
Do you have any specific training or experience in the financial services industry? <input type="radio"/> Yes <input type="radio"/> No		
If yes, please describe.		
Area of expertise you believe may be valuable for the volunteer position:		
Are you a member of another financial institution? <input type="radio"/> Yes <input type="radio"/> No		
If yes, which financial institution?		
Briefly describe any volunteer experience you have (past or current)::		
Explain why you would like to be a volunteer for SCCCUCU:		

The information contained herein will remain secure and confidential. It will only be used to evaluate your eligibility for SCCCUCU volunteer service.

Signature of Volunteer Candidate

Date

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