

FINANCIAL PLANNING ASSOCIATION® / Invest in Girls 2016 Initiative Baltimore, MD



Volunteer Application

Contact Information

Name	
City, State	
E-Mail Address	
Phone #	
FPA Chapter	
FPA Membership #	
Driver's License #	

Availability

Please confirm availability for volunteer assignments:

___ 8:00 am – 1:00 pm ET on Monday, September 12, 2016

I am a (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Certified Financial Planner™ | <input type="checkbox"/> Admitted to the Bar of (states): |
| <input type="checkbox"/> Candidate for CFP® certification | <input type="checkbox"/> Other (please specify): |

Interests

I am interested in (check all that apply):

- Mentoring one on one
- Helping with the "Planning/Budgeting for College" exercise with high school attendees
- Regular events (weekly, monthly, etc)
- Sharing Your Story (5 minutes each)
- 2nd financial planning exercise with high school attendees

I am fluent in a language other than English (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> French |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Other -- _____ |

Ethics and Guidelines

- I agree to abide by FPA's Code of Ethics
- I agree to abide by FPA's Pro Bono Guidelines
- I have NOT been cited by a professional or regulatory body for disciplinary reasons.
(If you HAVE been cited, please provide details)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a FPA volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in legal action.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us!