

FINANCIAL PLANNING ASSOCIATION® of UTAH PRO BONO VOLUNTEER SIGN UP FORM

First Name: _____ Last Name: _____
 FPA Membership Number: _____ FPA Chapter: _____
 City: _____ State: _____
 Phone: _____ Email: _____

I am a (check all that apply):

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

I am interested in (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Individual consultation (in-person) | <input type="checkbox"/> Regular events (weekly, monthly, etc) |
| <input type="checkbox"/> Individual consultations (phone/email) | <input type="checkbox"/> Occasional events (annual, one-time, etc.) |
| <input type="checkbox"/> Group seminars | <input type="checkbox"/> Organization and outreach |

I am interested in working with: (specify type or population or program):

I am a member of or have contacts with: (specify nonprofit group serving potential pro bono clients):

I normally am available:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/> Morn	<input type="checkbox"/> Morn	<input type="checkbox"/> Morn	<input type="checkbox"/> Morn	<input type="checkbox"/> Morn	<input type="checkbox"/> Morn	<input type="checkbox"/> Morn
<input type="checkbox"/> Aft'n	<input type="checkbox"/> Aft'n	<input type="checkbox"/> Aft'n	<input type="checkbox"/> Aft'n	<input type="checkbox"/> Aft'n	<input type="checkbox"/> Aft'n	<input type="checkbox"/> Aft'n
<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve

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)

Signature: _____

Date: _____