

CFA SOCIETY WASHINGTON, DC

Volunteer Interest Form

Date:					
Name:					
Street Address:					
		Zip Code:			
Phone:	Email:				
How many years have you b					
Are you a CFA Institute Mer	mber? Yes	No If yes, how long? year(s)			
	Volunteer	r Experience			
Please list previou	us volunteer positi	tions with CFAW (list most recent first):			
Committee:	mmittee: Position:				
Start	Mo/Yr:	End Mo/Yr:			



Committee:		Position:			<u>-</u>
	Start Mo/Yr:	End Mo/Yr:			
Committee:		Position:			
	Start Mo/Yr:	End Mo/Yr:			
Committee:		Position:			
	Start Mo/Yr:	End Mo/Yr:			
Please use the comn		eer Committee Interes d on CFAW website <u>here</u> to		desired volun	teer positions.
1. Committee:		Position:			
2. Committee:		Position:			
3. Committee:		Position:			
If you	•	of the questions, please at		onal pages.	
	Volu	nteer Commitment			
Being a volunt	teer requires a serious con	mmitment of time by the vo	lunteer and	d his or her ei	mployer.
1. Does your compan	y support CFAW volunteer	time and commitment?	Yes	No	
2. What interests you	about the position for whi	ch you are volunteering?			



3.	Please describe your professional strengths or areas of expertise and how they will contribute to the enhancement of a CFAW Committee.
4.	Please list volunteer positions you have held at other societies/associations/groups/etc. Give an example of a past accomplishment that added value to the volunteer position you held.
5.	What do you think CFAW can do to enhance the experience for its members?
6.	Identify key issues facing CFAW in the next year. How would you address these issues?
7.	Please share any other information which you believe may help to determine your qualifications for the position for which you are applying.