



City Treasurer Nichole R. Armstead's Office of

FINANCIAL EMPOWERMENT

Financial Awareness Coalition Member Interest Form

Name: _____ Phone(s): _____

Email: _____

Address: _____

Preferred Contact Method
(Phone/ Email/Text): _____ Ideal Time of Day: _____

Experience and/or
Employment/Skillssets:

Organizations/Affiliates:

Explain why you are interested in serving as a Financial Awareness Coalition Member?

What strengths do you have or how would you be able to contribute?

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Data Capture | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Other/Skills: _____ | |

Other volunteer commitments:

----- For Board Use Only -----

Reviewed by Board

Date: _____

Action: _____

Date: _____