

## Public Policy Council Volunteer Registration Form

Thank you for your interest in serving on CFP Board's Public Policy Council. Please attach your resume to this form and send to CFP Board, to the attention of Marilyn Mohrman-Gillis, by mail to 1425 K Street, NW, Suite 500, Washington, DC, 20005 or by fax to 202-379-2299.

In order to obtain quality volunteers, CFP Board must collect personal information from you. CFP Board will conduct a background check on each applicant under consideration. The extent of this check will depend upon the type of opportunity you are registering for and may include various state and federal searches. If you choose not to provide this information, CFP Board cannot process your form. Your submission of the registration form is verification of your acceptance of these terms. Unless otherwise stated in our Collection and Dissemination of Information Policy statement, personal information provided by you will not be used for marketing and promotional purposes by CFP Board, however, CFP Board may disclose personal information in response to a subpoena or when we believe in good faith that the law requires it or to respond to an emergency situation.

### SECTION I: Contact Information

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Date Started with Company: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SECTION II: Educational Degrees

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ College or Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ College or Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ College or Institution: \_\_\_\_\_

### SECTION III: Professional Designations

Designation: \_\_\_\_\_ Date Received: \_\_\_\_\_ Granting Organization: \_\_\_\_\_

Designation: \_\_\_\_\_ Date Received: \_\_\_\_\_ Granting Organization: \_\_\_\_\_

Designation: \_\_\_\_\_ Date Received: \_\_\_\_\_ Granting Organization: \_\_\_\_\_

### SECTION IV: Licenses Held

Have you ever had a license relinquished or revoked?  Yes  No

If 'yes,' please explain in the space below or on an attached sheet.

### SECTION V: Previous Volunteer Service

Please list previous CFP Board service or positions held, if any, and other relevant professional association/industry/community service:

Service/Position: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

References: \_\_\_\_\_

Service/Position: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

References: \_\_\_\_\_

...continued on back



## SECTION VI: Background and Qualifications

**Expertise:**

- Public affairs/Lobbying                       Legislation/Policy-making                       Regulation/Rulemaking  
 Federal Tax/ERISA                               Consumer Advocacy

Please describe in more detail your experiences with the areas indicated above:

Please state briefly why you are interested in serving on CFP Board's Public Policy Council and what contributions you hope to make:

## SECTION VII: Disclosure of Complaints Current and Past

Are you, or have you ever been, under notice as to any complaints by clients or any regulatory agency which have led or may lead to legal or disciplinary action?

- Currently     Have Been     No

If you are currently under notice or you have been in the past, please briefly explain:

## SECTION VIII: Acknowledgement and Submittal

I agree that everything on and attached to this form is correct and accurate to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your resume to this form and send to CFP Board, to the attention of Marilyn Mohrman-Gillis, by mail to 1425 K Street, NW, Suite 500, Washington, DC, 20005 or by fax to 202-379-2299.

We appreciate your interest in serving with CFP Board and look forward to reviewing your application. If you have questions, please contact CFP Board at 800-487-1497 or mail@CFPBoard.org.



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