

MENTORING PROGRAM PARTICIPATION AGREEMENT

*Please complete the following agreement to begin the process of establishing a mentor relationship.
You can either fax the completed form to Bonnie Stanley at the FPA Office, (763) 781-1212,
email it to office@fpamn.org, or place it in the mail to the above address.*

I am interested in being a: Mentor _____ Mentee _____	
I have _____ years of experience in financial planning.	
I have a CFP license _____	
Describe current and past work experience: _____ _____ _____	
What are your unique talents or expertise? _____ _____ _____	
Why are you seeking or willing to be a mentor or mentee? _____ _____ _____	
The FPA of Minnesota will do its best to connect mentors and mentees and cannot guarantee a match. By participating in this program, you agree to hold the FPA of Minnesota and any affiliated party participating in this program harmless from any advice given in the course of this relationship.	
Print Name: _____	_____
Address: _____	Signature
City, State, Zip: _____	_____
Phone: _____	Date
Email: _____	_____