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CITY OF RICHMOND

Office of the Treasurer, Nichole R. Armstead

Financial Empowerment Ambassador/Partner Interest Form

Name: _____ Phone(s): _____

Email: _____

Address: _____

Preferred Contact Method

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

Experience and/or
Employment:

Organizations/Affiliates:

Explain why you are interested in serving as a Financial Empowerment Ambassador or Partner?

Areas of Interest

Other volunteer/outreach commitments:

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

Reviewed by Board

Date: _____

Action: _____

Date: _____