



Spark curiosity and help
students discover the
endless possibilities a
career in accounting can
offer!

October | November, 2025

Volunteer Form

Full Name _____

Email _____ Cell phone _____

Company _____

Address (materials pick-up or mail) _____

☐ CPA ☐ CPA Candidate (Associate) ☐ Accounting Major ☐ Other _____

Your availability (no limit) - Available dates are based on teachers' request:

If applicable, name of Hawaii high school you attended:

Preferred presentation:

☐ In-person ☐ Virtual ☐ Either would work

Do you have an established relationship with a local school/teacher (or alma mater) that you'd like to visit:

☐ Yes School/Teacher _____ ☐ No

Would you prefer to present alone or paired with another volunteer?

☐ Present alone ☐ Paired with another (please indicate) _____

Comments?



Please SAVE this form and return to: info@hscpa.org





Accounting

OPPORTUNITIES EXPERIENCE

Accounting

OPPORTUNITIES EXPERIENCE

|¥<? /H#EH#} H: #*H#H-J f@¥
J¥£ #4EJ=H#7@§=#4j@=9M

