

VOLUNTEER INCOME TAX ASSISTANCE (VITA)
VOLUNTEER APPLICATION FORM

(FREE TRAINING!)

Name: _____
First Name M.I. Last

Telephone: Daytime _____ Evening _____ Cell _____

E-Mail: _____

Home Address: _____

City, ST ZIP: _____

Languages spoken: _____

How did you hear about this volunteer opportunity? _____

On a scale of 1-5 (1 being lowest and 5 being highest) please circle your knowledge level on the following and in what capacity have you utilized them? Personal or Professional.

Microsoft Word: 1 2 3 4 5 personal/professional

Microsoft Excel: 1 2 3 4 5 personal/professional

VITA Experience: Yes ___ No ___

If "Yes", what site did you volunteer at? Site: _____

What days and times can you volunteer? Days: M ___ Tu ___ W ___ Th ___ Fr ___ Sat ___

Time: _____

Do you have any specialty skills? Accounting ___ Tax Prep ___ Language ___
Other: _____

What Site do you want to volunteer at? Brainerd ___ Hixson ___ Chattanooga ___

Soddy Daisy ___ Signal Mtn ___ South Pittsburg ___ Ooltewah ___

Cleveland Area ___

Can you assist at any other site: Yes ___ No ___

Please fax or mail completed form to:

Val Palmer, Regional Coordinator for VITA

Urban League of Greater Chattanooga

730 East M L King Blvd., Chattanooga TN 37403

vpalmer@epbfi.com

Fax: (423)756-7255