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, VITA Area Coordinator
Urban League of Greater Chattanooga
730 East M L King Blvd., Chattanooga TN 37403
vpalmer@epbfi.com
Fax: (423)756-7255