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**VITA Volunteer Profile Sheet**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Cell Work

1. **Have you volunteered with VITA before? Y N If so, when & where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you have previous tax preparation experience? Y N**
3. **Do you speak any other languages? If so, which one(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **If you have a preferred site you would like to volunteer at, please write it on the line. If not, write “any”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide your availability for volunteering with VITA by writing the hours you are available to volunteer next to each weekday. Please do not place check marks in the days.**

|  |  |  |
| --- | --- | --- |
|  | **Daytime** | **Evening** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |

**If completing this form online, please scan and email the completed form to** [**samantha@uwbb.org**](mailto:samantha@uwbb.org)

**VITA VOLUNTEER AGREEMENT**

**As a volunteer with the VITA Volunteer Income Tax Assistance program I agree to abide by the following:**

* All rules, policies and procedures set forth by the Internal Revenue Service (IRS) and the United Way of the Big Bend (UWBB).
* I agree to keep my scheduled volunteer sessions notifying the UWBB VITA program coordinator when I am unable to keep my scheduled volunteer time.
* I agree to represent the United Way of the Big Bend and the IRS in a courteous and professional manner.
* I agree to work cooperatively with IRS and UWBB staff and volunteers.
* I agree to maintain confidential information in a secure manner and not abuse my position as a VITA volunteer.
* I agree not to accept any tips, gifts, or any other form of compensation as a VITA volunteer.
* I agree to notify IRS and UWBB VITA staff when I am uncertain as to VITA policies and procedures or when I feel there is a violation of policies and procedures on behalf of another volunteer.

By signing below, I agree I have read and understand the above outlined. Any breach or violation of UWBB or IRS policies and procedures will result in immediate dismissal from the VITA program and may result in cause of action for other penalties as outlined by law. My signature further affirms I have never filed for bankruptcy nor been charged with or convicted of any financial crimes to include identity theft.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VITA Volunteer Signature** **Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***Thank you for volunteering with this beneficial community initiative!***