

Volunteer Application

This application is for new and returning volunteers and must be completed yearly. Please fill in the appropriate information. If you have changes to a previously submitted application, you may complete a new application with the correct information and submit it to our address below.

Please mail, fax, or email to:

**A\$Set Building Campaign
Northwest Indiana Community Action
5240 Fountain Drive
Crown Point, IN 46307
Fax: (219) 794-1860
tflores@nwi-ca.org**

How Did You Hear About Us?

- Returning Volunteer
- Media (please identify) _____
- Referred by (please identify) _____
- Non-Profit Organization (please Identify) _____
- Other _____

INFORMATION ABOUT YOU:

FIRST NAME: _____ LAST NAME: _____

HOME STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP/POST CODE: _____

HOME/CELL PHONE: _____ WORK PHONE: _____ EXTENSION: _____

EMAIL: _____ BIRTHDATE (MO/DAY): _____

LANGUAGES SPOKEN OTHER THAN ENGLISH: _____

ARE YOU A PREVIOUS VITA VOLUNTEER? (Check) YES or NO. IF YES, HOW MANY YEARS? _____

IF YOU ARE AN IRS EMPLOYEE, PLEASE ENTER YOUR WORK MAIL STOP: _____

INFORMATION ABOUT VOLUNTEERING:

PLEASE CHECK THE VOLUNTEER OPPORTUNITIES YOU ARE INTERESTED IN

- Volunteer Greeter
- Volunteer Tax Preparer
- Volunteer Quality Reviewer
- Volunteer Screener
- Volunteer Interpreter
- Volunteer Site Coordinator

IN WHAT CITY WOULD YOU LIKE TO VOLUNTEER? _____

IF KNOWN, PLEASE INDICATE YOUR SITE PREFERENCES(S): _____

HAVE YOU EVER PREPARED RETURNS USING E-FILE SOFTWARE? (Check) YES or NO

DAYS AND HOURS AVAILABLE TO VOLUNTEER (FILL-IN ALL THAT APPLY):

MONDAY FROM _____ TO _____

THURSDAY FROM _____ TO _____

TUESDAY FROM _____ TO _____

FRIDAY FROM _____ TO _____

WEDNESDAY FROM _____ TO _____

SATURDAY FROM _____ TO _____