

VITA VOLUNTEER TAX PREPARER APPLICATION
VITA COLLEGIATE Partnership of WEST MICHIGAN
Submit application to: vitawestmi@gmail.com

PERSONAL DATA:

Volunteer Last Name	First Name	Middle Initial	Birth Date (mm/dd/yyyy)		
Home Address (Street Number and Name, Rural Route, PO Box)		City	State	Zip	
Home Telephone Number ()	Cell Phone ()	Languages spoken:			
Email Address:		Texting? YES NO			
Person to Notify in Case of Emergency		Emergency Contact Phone Number ()			

VITA VOLUNTEER WORK DATA:

Position(s) applying for: SITE COORDINATOR TAX PREPARER SCREENER GREETER	Will this position be an internship? YES NO (sign up with Internship Coordinator) Other college requirement? If so, what?
Do you require reasonable accommodations in order to perform volunteer services? YES NO If yes, please explain:	

How many hours do you wish to work per week? _____ *Suggested minimum hours is 3 per week*

ENTER DAYS AND HOURS AVAILABLE BELOW (Example: MON 8:30am -11:30 am; 4pm – 9pm / SAT from 10 am – 2 pm)						
	MON	TUE	WED	THUR	FRI	SAT (9am -2pm)
Mornings						
Afternoons						
Evenings						

EMPLOYMENT / VOLUNTEER HISTORY:

Paid/Volunteer Position:	Dates:	Employer's/ Volunteer Organization's Name, Address and phone	May we contact organization?
Paid/Volunteer Position:	Dates:	Volunteer Organization's Name, Address and phone	May we contact organization?

EDUCATION AND TRAINING:

High School Attended, City, State: (if current university student)	Graduated?	If yes, year received:
College Attended, City, State:	Have you passed a course on Federal Tax for Individuals? YES NO	Graduated? If yes, year received:

ACADEMIC REFERENCE: (Name of Instructor who would recommend student, If current student)

Name:	Address and Phone	Relationship to volunteer:	May we contact?
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Have you been convicted of a felony or have a felony charge pending? YES NO

Have you been convicted of a misdemeanor? YES NO

You have my permission to contact references, do a Criminal Records Check. YES NO

If MICPA member

Volunteer Signature: _____

Date: _____