

VOLUNTEER APPLICATION

VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM

PLEASE COMPLETE THE FOLLOWING INFORMATION & PLACE A CHECKMARK NEXT TO YOUR AREA(S) OF INTEREST.

Name:		Date:		New Volunteer		
				Returning Volunteer		
Cell Phone		Home Phone				
Address:		City:		O H	Zip Code	
E-mail:		Employer/ Organization				

Position I am interested in:

IRS Volunteer Tax Preparer

Greeter/Screenener

Your Birthday (Month and Day): ____ / ____ (Optional)

What days and times are you available to volunteer? Select all that apply.

Community Action Summit Akron, 670 W. Exchange St, Akron 44302

Mondays

Tuesdays

Wednesdays

Thursdays

Saturdays

10:00a-3:00p

10:00a-3:00p

10:00a-3:00p

9:30a-1:00p

5:30p-7:30p

5:30p-7:30p

5:30p-7:30p

5:30p-7:30p

1:00p-3:00p

Ohio Means Jobs, 1040 Tallmadge Ave, Akron 44310

Fridays (10:00a-3:00p)

Mobile Sites (Location, Times, and Days to Be Determined)

How did you hear about us?

Media (identify) _____ Other (Identify) _____

Referred by (Identify) _____

Community Action Summit Akron
Attn: Community Action EITC Program
670 West Exchange Street, Akron, Ohio 44302
www.ca-akron.org or dtipton@ca-akron.org