



VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM
Volunteer Enrollment Form- 2019 Tax Season

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Employer / School / Community Connection: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____







I am:

A Returning Volunteer _____ **A New Volunteer** _____ **Interested in More Info** _____

If you are a Returning Volunteer how many years have you previously served? _____

If you are just learning of GRABC how did you hear of the volunteer opportunities?

FRIEND COWORKER FAMILY MEMBER INTERNET FACEBOOK RADIO

I would like to volunteer in the Following County or Counties: (Circle those that apply)

Breckinridge Daviess Grayson Hancock Hardin
Henderson McLean Meade Ohio Union Webster

I would like to make a difference in my community as a: (Mark all that apply)

Intake Coordinator _____ **Tax Preparer** _____ **Quality Reviewer** _____
Savings Specialist _____ **Site Coordinator** _____

If you can offer assistance with languages other than English, please list: _____

Signature: _____ **Date:** _____