



VITA (Volunteer Income Tax Assistance) 2011 Volunteer Information

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Number: _____ Work Number: _____
 Cell Phone Number: _____ Fax Number: _____
 Email address: _____
 Occupation: _____

How do you prefer to be contacted? (circle one or more) work phone – cell phone – home phone – email
 Are you willing to receive text messages during the filing season regarding VITA volunteer needs? Yes No

How did you hear about the VITA program?

Please circle positions in which you are interested and days and times you are available:

| Position | Day | Time |
|------------------|-----------|----------|
| Preparer | Monday | Days |
| Screener/Greeter | Tuesday | Evenings |
| Interpreter | Wednesday | Weekends |
| | Thursday | |
| | Friday | |
| | Saturday | |
| | Sunday | |

Do you have experience preparing individual federal income tax returns? Yes No

Do you have experience using personal computers? Yes No

Have you previously received tax software training? Yes No

Languages other than English: (circle) Spanish Vietnamese Chinese
 Korean Sign Other _____

PLEASE RETURN COMPLETED FORM TO:
 United Way of the Coastal Bend
 711 N. Carancahua, Suite 302
 Corpus Christi, TX 78401
 donna.hurley@uwcb.org Or (361) 888-6882 FAX