



VOLUNTEER INTAKE FORM 2018

Welcome to the CA\$H (Creating Assets, Savings and Hope) program, an authorized VITA (Volunteer Income Tax Assistance) partner of the Internal Revenue Service (IRS).

Please complete the following:

VOLUNTEER INFO:

Last name **First name** **MI**

Mailing address: **Street** **City** **State** **Zip**

Primary contact phone: **Cell/home:** **Work or alternate phone**

e-mail address:

Status: Returning volunteer - Years experience as a VITA Volunteer: _____
 My contact information has changed from last year. Please update all records.
 New volunteer **(All new volunteers must complete the back of this form)**

Are you an RSVP volunteer? **YES** **NO**

Employer: _____

Current/Prior Profession: _____

Currently attending College: EC CCC Alfred Other: _____

Other fluent languages besides English (including ASL): _____

EMERGENCY CONTACT INFO

Emergency Contact: _____ Relationship: _____

Contact number(s): _____

Special needs staff should be aware of: _____

AVAILABILITY:

Please list all the days & times you could work. Be sure to adjust your availability to cover travel time to site.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
morning							Saturday prep days may be held at various locations during the tax season, and volunteers may be asked to help. Sites do not run on Fridays or Sundays.
afternoon							
evening						N/A	

* Based on volunteer commitment, CA\$H sites will be held at the following locations:

Bath, Corning, Elmira, Hornell and Watkins Glen

Preferred primary site(s): _____

Are you willing to fill in at another site with notice for a special day/reason? **YES** **NO**

If so, please list sites: _____

Special dates or blocks of time I know I will not be available:

(A copy of this form will be kept with the site coordinator and at STCA\$H office)

All new to CA\$H volunteers need to continue with the reverse side of this form.



NEW VOLUNTEER INTERVIEW FORM 2018

Thank you for your interest in the CA\$H (Creating Assets, Savings and Hope) volunteer income tax assistance program. In order for us to best meet your needs and those of the program, please answer the following questions. If you need to comment, please attach an additional page.

VOLUNTEER INFO:
Last name _____ First name _____ MI _____

How did you hear about the CA\$H program?

A foundational principle of this program is ensuring that public trust is protected and confidentiality is guaranteed. Taxpayers utilizing volunteer program services provide personal, highly confidential information to the volunteers. Therefore, volunteers must protect it from unauthorized individuals and misuse. In an ongoing effort to protect the consumer, screening of volunteers is required for those who prepare tax returns.

REFERENCES:

Professional:
Name: _____
Company: _____
Address: _____
Relationship: _____ Phone: _____
Email address: _____

Personal:
Name: _____
Company: _____
Address: _____
Relationship: _____ Phone: _____
Email address: _____

Consent to Background Check may be required and a separate consent form will be provided.

I understand that STCA\$H may conduct a reference check. This reference may include information regarding character, work record, general knowledge and capabilities, and reputation. I authorize STCA\$H to obtain reference checks.

Your Signature: _____ Date: _____

(A copy of this information will be kept at CA\$H office)

All CA\$H volunteers need to complete the reverse side of this form.