



# Gateway EITC Community Coalition Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer or retired from: \_\_\_\_\_

Occupation: \_\_\_\_\_

New Volunteer:

Returning Volunteer:

How did you hear about us? \_\_\_\_\_

Are you proficient in a language other than English? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Are you willing to answer and return calls to schedule taxpayer appointments? \_\_\_\_\_

Are you willing to prepare or quality review returns virtually? \_\_\_\_\_

Are you willing to do socially distanced intake and scanning? \_\_\_\_\_ If so, please indicate days and times you are available to volunteer:

Mon

Tue

Wed

Thu

Fri

Sat

Day

Evening

At which site/s do you want to volunteer?

First Preference \_\_\_\_\_

Second Preference \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_