



Volunteer Information Form

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Other: (____) _____ Email Address: _____

Birth Month & Day: _____

Do you live here year-round? Yes No

If No, from month to month _____

Do you have any medical conditions, limitations, allergies or fears?

Emergency Contact Name: _____

Phone Number: _____

How did you hear about United Way of South Sarasota County? _____

Why are you interested in becoming a volunteer? _____

Is this for school-required community service? Yes _____ No _____ If yes list the school: _____

As a volunteer for United Way South Sarasota County, I agree to abide by the policies and procedures. I understand I will be volunteering at my own risk. UWSSC, its employees or affiliates, do not assume any responsibility or liability for any accident, injury, or health problems which may arise from any volunteer work I perform. As an UWSSC volunteer, I agree that all work I perform is on a voluntary basis and I am not eligible to receive any monetary payment or rewards. I agree that I am not volunteering as part of any court-appointed or teen court-appointed community service program. I fully understand and agree with the terms of this agreement.

I agree to abide by the code of ethics outlined in this packet.

Signature: _____ Date: _____

(Parent or Guardian signature if under 18 years of age) _____



AREAS OF INTEREST, SKILLS and BACKGROUND

I am a: ☐ Seasonal Floridian (List months of the year in FL) _____
☐ Full-Time Florida Resident

Please list other organizations you volunteer for and in what capacity:

Technology Comfort Level: (Comfort with technology on a scale of 1-10, 10 being the most confident)

☐ Word Document ☐ Excel ☐ Using Internet and Online Forms / Databases

List other skills and special qualifications: (bookkeeping, accounting, communications, retired professional such as lawyer, teacher, etc.)

Please check the volunteer areas that interest you:

- ☐ Advocacy Mentorship Women's Empowerment Fundraising Outreach
☐ Event Planning / Event Logistics (set up/ break down)
☐ Grant Writing
☐ Speaking Bureau
☐ VITA (Volunteer Income Tax Assistance) Program (see attached description)
☐ Allocations Committee (see attached description)
☐ Other _____

Please Circle the day(s) and shift(s) you are available:

Monday: AM and/or PM

Tuesday: AM and/or PM

Wednesday: AM and/or PM

Thursday: AM and/or PM

Friday AM: and/or PM

Saturday: AM and/or PM

Sunday: AM and/or PM



The IRS's Volunteer Income Tax Assistance program (VITA)

and

Tax Counseling for the Elderly (TCE) program

offer free basic tax return preparation for qualified individuals.

- People who generally make \$57,000 or less annually
- Persons with disabilities
- Limited English-speaking taxpayers who need assistance in preparing their own tax returns

VITA is an IRS program that utilizes volunteers to help provide free and accurate tax preparation services for low-to-moderate income taxpayers.

The TCE program offers free tax help, particularly for those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors.

___ Greeter / Screener ___ Site Coordinator ___ Tax Preparer ___ Quality Reviewer

Greeter / Screener: The Greeter/Screener provides support to the VITA Site Coordinator and volunteer tax preparers by ensuring each taxpayer has the necessary information required to complete his/her return.

Site Coordinator: The Site Coordinator coordinates the tax site making sure that the site runs smoothly. He or she solves any problems as professionally as possible keeping in mind that the clients are the top priority.

Tax Preparer: The Tax prepare provides high-quality tax return preparation to taxpayers who qualify for VITA assistance. Enter tax information into the TaxSlayer software. Obtain signatures for E-File authorization. Answer questions and/or use available resources to assist taxpayers.

Quality Reviewer: The Quality Reviewer reviews each tax return completed by a volunteer, correct errors, and provide substantive tax knowledge and guidance to volunteers. The Quality Reviewer also assists the Site Coordinator in ensuring the efficient operation of the tax site.

Community Impact / Allocations Committee

Our Allocations Committee reviews applications from local non-profits and programs that provide services in the areas of Health, Education and Financial Stability. With their help, we are able to disburse funds back into these organizations to support the communities in South Sarasota County.

___ Team Captain ___ Volunteer Reviewer

Team Captain: The Team Captain encourages and guides their team, keeping everyone on track to meet deadline dates, schedule site visits and attend "Super Tuesday" group meeting at the end of the Allocations season.

Volunteer Reviewers: Volunteer Reviewers will be assigned 1-2 Agencies to review, working on a team of 4-6 people responsible for reviewing agency applications and site visits.

Please feel free to contact UWSSC Director of Programs, Teri Andrews at 941-484-4811 ext-104 or via email: tandrews@uwssc.org



Conflict of Interest and Confidentiality Guidelines

To preserve the integrity of the organization and the trust of the community, Volunteer Reviewers are requested to complete a Declaration agreeing to the Conflict of Interest and Confidentiality Guidelines

Conflict of Interest Guidelines

On the Declaration, volunteers are requested to disclose current affiliations with nonprofit social health and welfare organizations. The members of the review panels will declare conflicts with any agency on the panel they may be reviewing. Reviewers will complete this declaration each year that they serve.

When reviewers have a conflict of interest, they must always abstain from voting on motions for the individual agency in question or when the agency is singled out in any specific action. It would be permissible to vote when agencies are being treated as a group. Reviewer panel members with conflicts will refrain from speaking about the agency during discussions concerning an allocation for that agency.

Confidentiality Guidelines

During the allocation process, reviewers may receive sensitive information about management issues, board situations, staff assignments, specific client information and/or financial information. This information must remain confidential.

All discussions regarding agencies and allocation issues are to remain with the group. Information repeated outside of the meeting may be misinterpreted and will be out of context of the entire discussion

DECLARATION

Please initial by all nonprofit social health and welfare agencies from the following listing in which you have a current direct affiliation (i.e., you, your spouse or close family member serving any agency on a Board, volunteer, consulting or staff capacity).

- | | |
|--|---|
| <input type="checkbox"/> Big Brothers Big Sisters of the Sun Coast, Inc | <input type="checkbox"/> Literacy Volunteers of South Sarasota County, Inc. |
| <input type="checkbox"/> Boys and Girls Clubs of Sarasota County | <input type="checkbox"/> Loveland Center |
| <input type="checkbox"/> Catholic Charities Diocese of Venice | <input type="checkbox"/> North Port Meals on Wheels |
| <input type="checkbox"/> Charlotte HIV/AIDS People Support, Inc. (CHAPS) | <input type="checkbox"/> Safe Place & Rape Crisis Center, Inc (SPARCC) |
| <input type="checkbox"/> Child Protection Center, Inc | <input type="checkbox"/> Senior Friendship Centers, Inc. |
| <input type="checkbox"/> Children First | <input type="checkbox"/> Teen Court of Sarasota, Inc. |
| <input type="checkbox"/> Epilepsy Services of Southwest Florida | <input type="checkbox"/> The Family Network on Disabilities |
| <input type="checkbox"/> Family Promise of South Sarasota County, Inc | <input type="checkbox"/> The Salvation Army Sarasota County |
| <input type="checkbox"/> Florida Center for Early Childhood, Inc. | <input type="checkbox"/> The Twig Cares, Inc |
| <input type="checkbox"/> Girl Scouts of Gulfcoast Florida, Inc. | <input type="checkbox"/> Venice Area Mobil Meals, Inc |
| <input type="checkbox"/> Good Samaritan Pharmacy & Health Services, Inc. | <input type="checkbox"/> YMCA of Southwest Florida |
| <input type="checkbox"/> Gulfcoast Legal Services | |

Please provide a description of your affiliation with each of the agencies, if any, listed above:

Please Print Name: _____

Signature: _____

Date: _____