



CAP Services

Transforming People and Communities

Human Development

New Volunteer Application Free Tax Assistance Program

First Name _____ M. I. _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Occupation _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Telephone (if OK to call you): Daytime() _____ Extension _____

Evening() _____

E-Mail: Work _____ Home _____

I prefer to be contacted at: Work Home

I would prefer to volunteer in: Waupaca County Waushara County Either

I speak the following foreign language(s): _____

I am a CPA and would like to earn CEUs if possible: Yes No

I have prepared income tax returns for others: Yes No If yes, how many years? _____

I will need the following special accommodations (e.g. wheelchair access): _____

I want to help with the project but do not want to prepare tax returns. Contact me with other volunteer opportunities.

Name and contact information of friend, company, or organization that may be interested in helping:

Volunteer Pledge of Confidentiality and Background Check Release:

As a volunteer tax preparer, I pledge not to divulge, distribute or make public any client's personal or financial information.

I will agree to a criminal background check to ensure client safety.

Signature: _____

Required

Date: _____

Return completed form to:
Betsy Rozelle
CAP Services, Inc.
17 Park Place, Suite 950
Appleton, WI 54914
FAX: 920-832-9566
brozelle@capmail.org