VITA: Volunteer Income Tax Assistance Volunteer Application

Please submit your completed application via email to taxvol@uwca.org
or mail to UWCA, Attn: VITA, P.O. Box 320189, Birmingham, AL 35232.

Contact Information

Name	
Street Address	
City/State/ZIP Code	
Email Address	
Daytime Phone Number	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Phone Number	
Medical conditions or allergies you would like to inform us about?	
School/Professional Group/Employee Group (if applicable)	
How did you hear about this program?	
Have you volunteered with Volunteer Income Tax Assistance before?	

Schedule Availability

When can you start volunteering?

___ Now ___ Later, what is your estimated start date? _____

Our office hours throughout the year are Monday - Friday, 8:30 a.m. - 4:30 p.m.

Please indicate what days you are available by using the chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

___ I do not know my schedule yet.

Additional Information

___ Academic Internship: I am registering through _____ to receive course credit. This requires enrollment in an internship course and approval from my academic department.

___ Volunteer/Nonacademic Internship: I am participating for experience only and will not receive course credit.

Our Policies

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. All volunteers must complete a background screening prior to serving in the program.

Volunteer Agreement and Release

I wish to volunteer my services to one or more community service organizations or projects through or with United Way of Central Alabama, Inc. ("UWCA") or one of its affiliates. In consideration of UWCA locating, arranging, coordinating or making available volunteer opportunities, I hereby agree as follows:

Risks. I acknowledge and agree that the volunteer services which are typically performed by UWCA volunteers, and which I may perform as a volunteer, may involve (a) physical activity (including work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. I willingly and freely agree to volunteer and hereby assume any and all risk and liability in connection with my participation as a UWCA volunteer or in any related project or activity, including without limitation risk of any accident or injury to person or property which I may sustain or which I may cause.

Release of Liability. I hereby release UWCA and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, volunteers, representatives, guests and affiliates (collectively, the "UWCA Related Parties") from, and covenant not to sue any UWCA Related Party for, any and all liability, claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a UWCA volunteer or in any related activity or project.

Children and Criminal History. I acknowledge that UWCA is involved in working with or assisting organizations and associations which may from time to time be involved with childcare and related matters. I hereby confirm, represent and warrant that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection with any of the foregoing.

Abuse and Harassment. UWCA strives to promote and maintain an environment free of abuse, discrimination, and harassment of any kind. I will not engage in racist, sexist, ethnic, or other offensive jokes or comments or inappropriate physical contact or any other type of unlawful abuse, discrimination, or harassment, no matter the context or audience. Furthermore, I will report any abuse, discrimination, or harassment that I experience or witness, and I understand that I may do so by contacting any UWCA representative or anonymously by calling 1-855-506-0302. All allegations or claims of abuse, harassment or discrimination will be fully investigated, and UWCA will not retaliate in any way against persons making such reports or allegations.

Consent for Pictures or Media. I further irrevocably grant to UWCA and its assigns and successors my consent and full right to use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation as a volunteer.

Confidentiality. I understand in the course of working as a volunteer that I may have access to information regarding individuals seeking assistance or otherwise participating in programs, or to other information that UWCA may deem confidential. I agree that I shall not disclose to anyone any such information for any reason unless required by that particular program or by law.

This Agreement and Release shall inure to UWCA's benefit, as well as to the benefit of its successors, licensee, agents, employees, affiliates and assigns. This Agreement and Release shall be governed by the laws of the State of Alabama.

I have read the statement above and fully understand its contents.

Name (printed)	
Signature	
Date	

Thank you for willingness to serve!

United Way of Central Alabama, Inc.
Confidentiality Agreement

As a condition of employment, volunteering or fulfilling an internship with the United Way of Central Alabama, Inc. or one of its affiliates ("UWCA") you may be exposed to a variety of confidential systems, processes, strategies, data, materials, and information which may be in physical, oral, electronic, or other formats (collectively, "Confidential Information"). All Confidential Information must be treated confidentially as follows:

1. You recognize and acknowledge the confidential nature of the Confidential Information, including without limitation, the identity of UWCA and its partners' donors and persons receiving or benefitting from their services ("clients"). In accordance with the Health Insurance and Portability Accountability Act of 1996 and the Family Educational Rights and Privacy Act of 1974, you acknowledge that you have been advised by UWCA of the legal necessity of protecting the privacy and confidentiality of each client's information and records.

2. You agree that you will use Confidential Information solely for the purpose of fulfilling your duties or responsibilities as employee, volunteer, or intern with UWCA.

3. You agree to maintain and not share or disclose Confidential Information with anyone outside of UWCA, including but not limited to family, friends, and competitors.

4. You understand that all UWCA financial, legal, business, and strategic information that is not a matter of public knowledge is considered Confidential Information and may not be used or disclosed except as provided above.

5. You agree that you will not copy, print, download, store or otherwise duplicate any Confidential Information in any format or medium, whether electronic or physical, including and especially on your own computer or devices, without the written consent of UWCA.

6. You agree that you will return any and all materials as requested by UWCA.

7. You understand that failure to comply with this Confidentiality Agreement could lead to termination of your employment, volunteer role, or internship with UWCA and could be subject to prosecution under applicable privacy protection laws.

8. You understand that questions regarding the proprietary nature of Confidential Information and use or disclosure thereof at UWCA should be directed to your supervisor.

9. You have read and agree to abide by UWCA's Information Security Policy.

I, _____, hereby acknowledge that I have read and agree to adhere to the UWCA Confidentiality Agreement.

_____ _____

Signature and Date **Program**

Form **13615**
(October 2025)

Department of the Treasury - Internal Revenue Service

Volunteer Standards of Conduct Agreement – VITA/TCE Programs

The mission of the VITA/TCE return preparation programs is to assist eligible taxpayers in satisfying their tax responsibilities by providing **free** tax return preparation. To establish the greatest degree of public trust, volunteers are required to maintain the highest standards of ethical conduct and provide quality service.

Use of Form 13615: This form provides information on a volunteer's certification. All VITA/TCE volunteers must pass the Volunteer Standards of Conduct certification, and sign and date Form 13615, Volunteer Standards of Conduct Agreement - VITA/TCE Programs, prior to working at a VITA/TCE site. In addition, return preparers, quality reviewers, coordinators, client facilitators and tax law instructors must certify in Intake/Interview and Quality Review and tax law prior to signing this form. These certifications are also required for greeters, screeners, client facilitators, who answer tax law questions. This form is not valid until the coordinator, sponsoring partner, instructor, or IRS contact confirms the volunteer's identity, name and address with a government-issued photo ID, and signs and dates this form.

Standards of Conduct: As a volunteer in the VITA/TCE programs, you must adhere to the following Volunteer Standards of Conduct:

VSC #1 - Follow all Quality Site Requirements (QSR).

VSC #2 - Do not accept payment, ask for donations, or accept refund payments for federal or state tax return preparation from customers.

VSC #3 - Do not solicit business from taxpayers you help or use the information you gained about them (taxpayer information) for any direct or indirect personal benefit for yourself, any other specific individual or organization.

VSC #4 - Do not knowingly prepare false returns.

VSC #5 - Do not engage in criminal, infamous, dishonest, notoriously disgraceful conduct, or any other conduct considered to have a negative effect on the VITA/TCE programs.

VSC #6 - Treat all taxpayers in a professional, courteous, and respectful manner.

Failure to comply with these standards could result in, but is not limited to, the following:

- Removal from all VITA/TCE programs
- Inclusion in the IRS Volunteer Registry to bar future VITA/TCE activity indefinitely
- Deactivation of your sponsoring partner's site VITA/TCE electronic filing identification number (EFIN)
- Removal of all IRS products, supplies, loaned equipment, and taxpayer information from your site
- Termination of your sponsoring organization's partnership with the IRS
- Termination of grant funds from the IRS to your sponsoring partner and
- Referral of your conduct for potential TIGTA and criminal investigations

Taxpayer Impact: Taxpayer trust in the IRS and the local sponsoring partner organization is jeopardized when ethical standards are not followed. Fraudulent returns that report incorrect income, credits, or deductions can result in many years of interaction with the IRS as the taxpayer tries to pay the additional tax plus interest and penalties. This can result in an extreme burden for the taxpayer.

Volunteer Protection: The Volunteer Protection Act generally protects unpaid volunteers from liability for acts or omissions that occur while acting within the scope of their responsibilities at the time of the act or omission. It provides no protection for harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, blatant disregard of the rights or safety of the individual harmed by the volunteer.

For additional information on the volunteer standards of conduct, please refer to Publication 4961, VITA/TCE - Volunteer Standards of Conduct - Ethics Training.

Privacy Act Notice – The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you in regards to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. Please note: Sponsoring organizations may perform background checks on their volunteers.

IRC 7216(a) - Imposes criminal penalties on tax return preparers who knowingly or recklessly make unauthorized disclosures or uses of information furnished in connection with the preparation of an income tax return. A violation of IRC 7216(a) is a misdemeanor, with a maximum penalty of up to one year imprisonment or a fine of not more than $1,000, or both, together with the cost of prosecution.

Volunteer:

By signing this form, I declare that I have completed Volunteer Standards of Conduct certification and have read, understand, and will comply with the standards of conduct. I also certify that I am a U.S. citizen, a legal resident, or otherwise reside in the U.S. legally.

Full name *(type/print)*	Volunteer position(s) ☐ IRS Employee
Home address *(street, city, state and ZIP code)*	

Email address	Daytime telephone	Sponsoring partner name/site name United Way of Central Alabama
Number of years volunteered *(including this year)*	Signature *(electronic)* **OR** Signature *(type/print)*	Date

Volunteer Certification Levels *(Add the letter "P" for all passing test scores)*

Volunteer Standards of Conduct ***(Required for ALL)***	Intake/Interview and Quality Review	Site Coordinator	Basic	Advanced	Military	International	Puerto Rico 1	Puerto Rico 2	Foreign Students	SPEC OPI

Professional designation *(Attorney, CPA, CTEC, or Enrolled Agent)*	Licensing jurisdiction *(state)*	Bar, license, registration, or enrollment number	Effective or issue date	Expiration date *(if provided)*

Coordinator, Sponsoring Partner, Instructor or IRS Contact: By signing this form, I declare that I have verified the required certification level(s) and government-issued photo ID for this volunteer prior to allowing the volunteer to work at the VITA/TCE site.

Approving Official's name and title *(printed)* *(coordinator, sponsoring partner, instructor or IRS contact)*	Signature *(electronic)* **OR** Signature *(type/print)*	Date

Parent/Guardian: By signing this form, I declare that I give permission for my child to volunteer in the VITA/TCE programs.

Parent/Guardian name *(printed)*	Signature *(electronic)* **OR** Signature *(type/print)*	Date

For Continuing Education (CE) Credits ONLY

(To be completed by the coordinator or partner)

Instructions: Complete this section when an unpaid certified volunteer is requesting Continuing Education (CE) credits. CE credits **will not be issued without a PTIN** for Enrolled Agents, Non-credentialed preparers and CTEC registered preparers. CPAs, attorneys, or CFPs do not require a PTIN; however, they must check with their governing board requirements for obtaining CE Credits. **The coordinator, sponsoring partner, or instructor must sign and date this form** and send the completed form to the SPEC territory office or relationship manager for further processing. Refer to Publication 5362, Fact Sheet: Continuing Education Credits for VITA/TCE Partners and Volunteers or Publication 5683, VITA/TCE Handbook for Partners and Site Coordinators, for additional requirements and instructions.

First and last name on PTIN account	Volunteer Preparer's Tax Identification Number (PTIN) P - ___ ___ ___ ___ ___ ___ ___ ___	CTEC ID number *(if applicable)* A - ___ ___ ___ ___ ___ ___
Address *(VITA/TCE Site or teaching location)*	Site Identification Number (SIDN) S - ___ ___ ___ ___ ___ ___ ___ ___	

Professional Status *(check only one box)*

☐ Enrolled Agent (EA)
☐ Certified Public Accountant (CPA)
☐ Non-credentialed tax return preparers participating in the IRS Annual Filing Season Program (AFSP)
☐ Attorney
☐ Certified Financial Planner (CFP)
☐ California Tax Education Council (CTEC) Registered Tax Return Preparer (CRTP)

Certification Level *(Check only one box below)*	**Volunteer Hours** *(Minimum of 10 volunteer hours required to issue CE Credits)*
☐ Advanced **OR** ☐ Advanced and One or More Specialty Courses	Total hours volunteered *(qualifies for 14 CE credits)* _____ **OR** Total hours volunteered *(qualifies for 18 CE credits)* _____

Coordinator, Sponsoring Partner, or Instructor: By signing this form, I declare I have validated that the reported volunteer hours are based on the activities this volunteer performed in my site or training facility.

Approving Official's *(printed)* name and title *(coordinator, sponsoring partner, instructor)*	Signature *(electronic)* **OR** Signature *(type/print)*	Date