



HOME START, INC.
5005 Texas Street, Suite #203
San Diego, CA 92108
Phone: (619) 692-0727, ext. 103

VITA 2021- Tax Preparer

VOLUNTEER APPLICATION

All information in this document is confidential.

PLEASE WRITE LEGIBLY

Last Name _____ First _____ Middle _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

How did you hear about Home Start? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____ Relationship _____

Phone _____ Email _____

VOLUNTEER EXPERIENCE

Have you volunteered before? **Yes:** **No:**

Describe the work: _____

Are you currently a volunteer of a different organization? **Yes:** **No:**

Name of the organization: _____

EMPLOYMENT HISTORY

Current employer: _____ Phone: _____

Job Title: _____ May we contact employer? **Yes:** **No:**

Does your employer have a community partnership? **Yes:** **No:**

VOLUNTEER QUESTIONNAIRE

Are you fluent and able to provide client services in a language other than English?

Language: _____ **YES** **NO**

Do you have experience preparing taxes on behalf of another person? **YES** **NO**

Example: Previous participation in VITA Program or relevant employment

If yes, please explain: _____

LOCATION: In accordance with public safety measures, all contact with clients will be done virtually, and there will be no face-to-face contact with clients. Tax Coordinators will be on-site at the Jacobs Center, and available via phone for questions regarding filing. Please list your location preferences below.

- I would prefer to volunteer on-site at the Jacobs Center
- I would prefer to volunteer remotely using my own computer and devices
- I would be comfortable volunteering in-person or remotely

TRAINING SCHEDULE:

This virtual orientation and training is set to walkthrough the essentials of the VITA Program and the essentials of filing taxes on behalf of a client. We’ll also complete Home Start Volunteer Onboarding with more information about organization policies and expectations. Attendance at one session is required, but will not likely fill the full time.

- I will attend the online zoom training: **Monday January 11 9AM-4PM**
- I will attend the online zoom training: **Saturday January 16 9AM-4PM**

VOLUNTEER SCHEDULING

For the 2021 Tax Season, services are available: **Monday through Friday 12-8PM**
Saturday and Sunday 9AM-5PM

Please indicate your availability to volunteer by marking the boxes below. Your schedule will be determined by your listed availability and number of hours you’d like to volunteer per week.

	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday
12-4PM						9AM-1PM		
4-8PM						1PM-5PM		

How many hours would you like to volunteer each week? _____

VITA is a twelve-week commitment January-April 2021.

PHOTOGRAPHIC AND PUBLICITY RELEASE

I grant and convey to Home Start, Inc. all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Home Start, Inc. in connection with my providing volunteer services to Home Start, Inc. I grant permission to allow these images and/or all recordings to be put to legitimate use at the discretion of Home Start Inc. I relinquish all rights, title, or interest to any furnished products, reproductions, or facsimiles.

Yes, I consent to use of my image.

No, I withhold use of my image.

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Volunteer understands that the scope of Volunteer's relationship with Home Start, Inc. is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Home Start, Inc. will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for their own expenses or insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Home Start, Inc.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Home Start, Inc. or its officers, directors, employees, sub-contractors, sponsors, agents, affiliates and volunteers from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Home Start, Inc. I understand and acknowledge that this Release discharges Home Start, Inc. from any liability or claim that I may have against Home Start, Inc. with respect to bodily injury and physical or mental illness including disability, paralysis and wrongful death, and/or property damage, and economic or emotional loss that may result from the services I provide to Home Start, Inc. or occurring while I am providing volunteer services. Volunteer or Parent/Guardian agrees to indemnify and hold Home Start, Inc. harmless from any and all claims, including attorney's fees and loss or damage to personal property, that may occur as a result of participation in volunteer activities.
2. Insurance: Further I understand that Home Start, Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Home Start, Inc. beyond what may be offered freely by Home Start, Inc. in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Home Start, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Home Start, Inc.

4. Assumption of Risk: Volunteer represents that, to their knowledge, Volunteer is in good health and suffers no physical impairment that would or should prevent participation in volunteer activities. Volunteer agrees to comply with all stated and customary instructions and safety precautions during participation in volunteer activities. I understand that the services I provide to Home Start, Inc. may include activities that may be hazardous to me including, but not limited to risks associated with traveling to and from volunteer activities, lifting and carrying heavy objects, walking on natural uneven outdoor surfaces, and cleaning, that may result in physical or psychological injury, pain, illness, temporary or permanent disability and/or death, emotional loss, economic loss and property damage. As a Volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Home Start, Inc. from all liability.

5. Confidentiality Policy: Home Start, Inc. is a social services agency where a high level of confidentiality is maintained at all times and in all places, even after the Volunteer's tenure with Home Start, Inc. has ended. Volunteers are agents of Home Start, Inc. and are required by law to abide by the same strict confidentiality policies regarding clients and/or donors as Home Start, Inc. staff. Confidential information includes: the fact that a person is or has been a client receiving services from Home Start, Inc., any personally identifying information about any client and/or donor, such as his/her name, photograph, address, phone number, place of work or school, lifestyle, medical or mental health information such as condition, diagnosis or treatment, and any other information provided by or about the client and/or donor with the expectation of privacy. Volunteers are strictly prohibited from communicating confidential client and/or donor information to anyone outside of Home Start, Inc. except as required by law.

ACKNOWLEDGMENT

Volunteer acknowledges that they have read this Volunteer Waiver and Release Form in its entirety, is signing it freely, including electronic signing, and that no other representations, statements or inducements apart from the foregoing written agreement have been made by Home Start, Inc. Volunteer further agrees that the foregoing Release and Waiver of Liability and Confidentiality Policy are intended to be as broad and inclusive as is permitted by the laws of the State of California, and that if any portion thereof is deemed invalid, the remainder will continue in full legal force and effect.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Home Start acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, gender identity or gender expression, medical condition, genetic information, military or veteran status or marital status.