ConnectWell Community Health Services

Community Volunteer Income Tax Program

In partnership with Canada Revenue Agency

Date Received

Volunteer Application Form

Last Name_____ **First Name**_____

Mailing Address (Street or R.R., Town, Postal Code)

_____

_____

Phone #_____ **E-mail** _____

Driver's License? Yes___ No___ **Do you have a car?** Yes__ No__ **Do you have a laptop?** Yes___No___

Are you available?

February 2022 – April 2022? Yes___ No___ **May 2022 – December 2022?** Yes ___ No ____

List any previous or present experience, interest, skill, training or work that would relate to income tax filing.

Are you willing to do webinar trainings that are provided by Canada Revenue Agency? Yes___ No___

Are you willing to go through clearance with Canada Revenue Agency? Yes ___ No___

The following volunteer opportunities are available; please check those you are interested in

Volunteer income tax filer (training and software provided, some computers available)

- E-files client income tax returns during clinics yes____ No___
- E-files client income tax returns year round yes____ No ___

REFERENCES:

Name:_____ Phone number: _____

Name:_____ Phone number: _____

Name:_____ Phone number: _____

Signature for permission to call: _____

Please return form to ConnectWell Health and Community Services

Mail: 30 Bennett Street, Carleton Place, Ontario K7C 3M7 **Email:** to MHampton@connectwell.ca