**Directions:** Fill in the following information completely. **In order for us to record your training hours, this form must be completed and submit on time. “There is no other way for BAP to know your training hours to VITA”.**

**Due February 2nd, 2015**

**Part I: PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name Student #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Phone Class Standing (Junior, Senior, Fifth Year)

 **Part II: INTENT OF VOLUNTEER INCOME TAX ASSISTANCE INVOLVEMENT**

My volunteer involvement in the VITA program is completed in the name of Beta Alpha Psi.

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Signature Date

 **Part III: TRAINING LOG (Professional Hours)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Date** | **Time In** | **Time Out** | **Hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please submit this completed form to Deborah Medlar in an envelope outside her door, **UW1-342** by **February 1st, 2014**.