**Directions:** Fill in the following information completely. Use multiple copies of this form if you have more hours to report than fits in the log below. **In order for us to record your volunteer hours, this form must be completed and submit on time. “There is no other way for BAP to know your volunteer hours to VITA”.**

**DUE APRIL 20th, 2015**

**Part I: PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
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Email Phone   
 **Part II: INTENT OF VOLUNTEER INCOME TAX ASSISTANCE INVOLVEMENT**

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

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Signature Date

**Part III: VOLUNTEER LOG**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Time In** | **Time Out** | **Hours** | **Number of Returns Prepared** | **Amount in Refunds** | **Supervisor's Signature** | **Date** |
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Please submit this completed form to Deborah Medlar in an envelope outside her office, **UW1-342** by **April 20th, 2015.**