



# 2025 VOLUNTEER APPLICATION

**Instructions:** Submit **with current resume** to [volunteer@abdc.org](mailto:volunteer@abdc.org) or fax to: (907) 562-6988. Keep answers within the space allotted; use the space on page two for any additional information.

## VOLUNTEER INFORMATION

Enter full name exactly as it appears on your state ID or passport used for travel; full name, date of birth and gender are required for purchasing airline tickets for program travel.

First Name  Middle-Must match ID  Last

Street/PO Box  City  State  Zip

CELL Phone Number  Best Email Address

Alternate Phone Number  Date of Birth  Gender

Employer  University (if applicable)

Able to lift at least 50#?  Universal Shirt Size  Preference  (style and availability dependent on funding)

Convicted/plead guilty to crime other than minor traffic violation? If yes, provide explanation on page 2.

## PROGRAM QUESTIONS (optional for returning volunteers)

List other volunteer experiences:   
(Only answers on printed form reviewed)

Who referred you to the program?

What makes you a good candidate?

Are you comfortable being subjected to extreme temperatures/weather conditions in rural Alaska?

Are you comfortable sharing a sleeping/living area with members of another sex?

Are you comfortable sleeping on the floor (typically office, library, school, etc.)?

Have you ever flown in a four to six seat airplane?  Would you be willing to?

Would you be willing to ride on a snowmachine/all terrain vehicle in extreme weather conditions?

Are you able to recognize the acceptability of math calculations made by yourself/computer?

## 2025 QUESTIONS

What position are you interested in (tax preparer, team leader, both)?

Do you typically travel with an animal/pet?  If yes, what animal?

When are you able to travel (weekend, weeklong, both)?

List five items you never travel without:

## ADDITIONAL INFORMATION

List any special needs or limitations:

List any additional information:

## EMERGENCY CONTACT

*First Name*

*Last Name*

*Relationship to You*

*Primary Phone Number*

*Alternate Phone Number*

## ACKNOWLEDGEMENTS

**Initial Each Item**

I understand that training is a critical part of volunteering for this program and agree to submit assignments and certifications timely.

I understand that as a tax preparer access to a computer running a **WINDOWS** platform will be required and that I must download tax software to complete the training. **TaxSlayer desktop will not run on an Apple platform.**

## AUTHORIZATION

By signing below, you agree to abide by the policies and procedures set forth by the Alaska Business Development Center. You understand that you will be volunteering at your own risk to the extent provided in the separate document **LIABILITY WAIVER: ACKNOWLEDGEMENT OF RISKS, ASSUMPTION OF RISKS AND RESPONSIBILITY, AND RELEASE OF LIABILITY** (hereafter Liability Waiver) executed by the undersigned; and that the organization, its employees and its volunteers, cannot assume any responsibility or liability for any accident, injury or health problem which may arise from any volunteer work you perform to the extent provided in the Liability Waiver, and you agree that all information you provided in this application is true and complete to the best of your knowledge.

*Volunteer Printed Name*

*Date*

*Volunteer Signature*

*Thank you for your interest in ABDC's Volunteer Tax & Loan Program.*

*If you are new to the program and pass the initial screening phase, ABDC will contact you for an interview.*