

Volunteer Community Grant Reviewer Application

_					
First Name	Last Name	ZIP Code			
Phone	Email	Organization You Represent, if Applicable			
	IL				
Why are you interested in becoming a community grant reviewer?					
What skills or benefits do you have that would ben	efit the community grant review team?				
What skins of benefits do you have that would ben	ent the community grant review team.				
Describe your past experience reviewing grants, it a	applicable. Include dates, location, agency, and area of e	xpertise.			
Describe your experience working or volunteering with diverse communities in Minnesota.					
Describe your experience providing outreach and education within a community, including any promotion or marketing.					

Volunteer Community Grant Reviewer Application

How familiar are you with t and the AARP Tax-Aide Fou	he Volunteer Income Tax Assist ndation?	ance (VITA) Uery fan	niliar 🗌 Somewhat familiar 📗 N	ot familiar
Have you volunteered for V	/ITA or the AARP Tax-Aide Found	dation? Yes No		
When?	Where?			
What were your responsibi	lities? Site Coordinator	Quality Reviewer	Tax Preparer	
	Other: List Duties			
Are you available for virtua • August 10, 2023, 5:30 • August 30, 2023, 5 to • August 31, 2023, 5 to	to 8 p.m., Central time 8 p.m. Central time		Yes No	
Do you have approximately applications between Augu	y 30 hours to commit to indepen st 10 and August 30, 2023?	dently evaluating	Yes No	
Statistical Information:	To intentionally create a di	verse community grant	review team, we request this o	ptional information.
Your Gender:	Female Male	Transgender N	lon-conforming Prefer not to	o answer
Do you have a disability?	Yes No Pre	efer not to answer		
Your Race (Mark one or more boxes):	American Indian or Alaska Hawaiian or Pacific Islande	_	☐ Black or African American ☐ Other ☐ Prefer not to	Hispanic or Latino
Do vou identify as a memb	er of the LGBTQIA+ community?	☐ Yes ☐	No Prefer not to answer	