

Volunteer Community Grant Reviewer Application

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First Name	Last Name	ZIP Code			
Phone	Email	Organization You Represent, if Applicable			
	IL	J L			
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.					

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How familiar are you with t and the AARP Tax-Aide Fou	he Volunteer Income Tax Assistance (VITA ndation?	A) Uery familiar	Somewhat familiar No	t familiar
Have you volunteered for V	/ITA or the AARP Tax-Aide Foundation? [Yes No		
When?	Where?			
What were your responsibil	lities? Site Coordinator Quality	Reviewer 🔲 Tax Prepa	arer Intake	
	Other: List Duties			
Are you available for virtua • August 8, 2024, 5:30 t • August 28, 2024, 5 to • August 29, 2024, 5 to	co 8 p.m., Central time 8 p.m. Central time		Yes No	
	30 hours to commit to independently eva	aluating	Yes No	
Statistical Information:	To intentionally create a diverse co	mmunity grant review	team, we request this op	otional information.
Your Gender:	Female Male Tran	sgender Non-confo	rming Prefer not to	answer
Do you have a disability?	Yes No Prefer not to	answer		
Your Race (Mark one or more boxes):	American Indian or Alaska Native	Asian B	Black or African American	Hispanic or Latino
	Hawaiian or Pacific Islander	White C	Other Prefer not to	answer
Do you identify as a member	er of the LGBTQIA+ community?	Yes No	Prefer not to answer	