

## **2026 VOLUNTEER APPLICATION**

Instructions: Submit with current resume to your university or organization's direct contact.

Alaska based volunteers submit with current resume directly to volunteer@abdc.org or fax to (907) 562-6988.

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.					
gender are required for purchasing airlin	ie tickets for progr	am travei.			
First Name	Middle-Must match ID		Last		
Street/PO Box	City		State	Zip	
CELL Phone Number	Best Email Address				
CELL Prone Number	Best Email Address				
Alternate Phone Number	Date of Birth	Gender	•		
Employer	<u> </u>	University (if ap	plicable)		
Able to lift at least 50#? Preference	9	Universal Size	(style and avail	lability dependent on funding)	
Convicted/plead guilty to crime other than r			vide explanation on pa	age 2.	
			7		
PROGRAM QUESTIONS (optional for 1	eturning volunteer	<u>:s)</u>			
List other volunteer experiences: (Use space on page two for longer answers.)					
Who referred you to the program?					
What makes you a good candidate?					
Are you comfortable being subjected to exti	reme temperatures/v	veather conditi	ons 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, libr	ary, school, etc	e.)?		
Have you ever flown in a four to six seat air			Would you be willing	ng to?	
Would you be willing to ride on a snowmachine/all terrain vehicle in extreme weather conditions?					
Are you able to recognize the acceptability					
	or main carculations	made by your	sen/computer.		
2026 QUESTIONS					
What position are you interested in (tax pre-	parer, team leader, b	oth)?			
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:					

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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 parand certifications timely.	t of volunteering for this program and agree to submit assignments
	s to a computer running a WINDOWS platform will be required complete the training. TaxSlayer desktop will not run on an
AUTHORIZATION	
By signing below, you agree to abide by You understand that you will be voluliABILITY WAIVER: ACKNOWLEI AND RELEASE OF LIABILITY (heree employees and its volunteers, cannot a which may arise from any volunteer wo	the policies and procedures set forth by the Alaska Business Development Center. unteering at your own risk to the extent provided in the separate document DGEMENT OF RISKS, ASSUMPTION OF RISKS AND RESPONSIBILITY, after Liability Waiver) executed by the undersigned; and that the organization, its assume any responsibility or liability for any accident, injury or health problem rk you preform to the extent provided in the Liability Waiver, and you agree that lication is true and complete to the best of your knowledge.
Volunteer Printed Name	Date
Voluntary Signature	
Volunteer Signature	
Thank you for your interest in ABDC's Vol. If you are new to the program and pass	olunteer Tax & Loan Program. the initial screening phase, ABDC will contact you for an interview.

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