

# Volunteer Assistance Summary Report

Date: \_\_\_\_\_

Site Identification Number:  P    -   -

**Note:** For 2004, all sites must be issued a new site identification number by the IRS, SPEC Territory Office.

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

SPEC Use Only

Direct Site

Leveraged Site  
Partner's Name \_\_\_\_\_  
\_\_\_\_\_

Services Offered: \_\_\_\_\_

Site Coordinator/Manager's Name: \_\_\_\_\_

Site or Coordinator/Manager's phone number: \_\_\_\_\_

**Reminders:**

- Please mail or e-mail **ONLY** this summary page back to your IRS reporting office at the end of the month. See IRS contact for mail or e-mail address.

1. Total Number of Volunteers Previously Counted \_\_\_\_\_
2. Total Number of New Volunteers \_\_\_\_\_
3. Total Number of New Volunteers Reported This Filing Season (Add 1 & 2) \_\_\_\_\_

**Volunteer List**

The name of each volunteer should only be entered on this form the first time they report to your site. Future completion of this form is only necessary if new volunteers have reported to your site.

Volunteer Name	Check if volunteer worked at more than one site*		If Yes, indicate Site Name	If Yes, Indicate Program	
	Yes	No		VITA	TCE

*Volunteer List (Continued)*

