



Site and Training Class Information

Use this form to request a VITA instructor for the California State Meeting or Training session for your VITA site. Be sure to include the opening and closing date of your site. If you are the coordinator but will have a different contact for the site and/or training class include the name and number of the person(s) we may contact. Please provide two date options for your meeting/training in the event the first date is not available. Once complete, email or fax your request to volunteercoordinator@ftb.ca.gov or 916.845.9004.

Site Information

Release coor	dinator information to th	e public?] Yes 🗌 No					
Site Coordinator's Name Initial			Last Name				Date Requested	
Location Name (Military Base/AARP)	Site ID			EFIN			
Address (Do Not Use a PO Box)							Apt. No./Ste. No.	
City					State	Zip Code		
Email						Phone		
On-Site C	Contact Information	on						
Site opening	pening Schedule (Site Operating					Hours)		
Name		Initial	Last Name					
Email						Phone		
Training	Class Coordinato	or and Log	gistics Info	mation				
Contact Name		Initial	Last Name					
Address (Do Not Use a PO Box)							Building/Room Number	
City						State	Zip Code	
Email						Phone		
Class Location					Number of Attenders	Event	State Training Meeting	
Will your ag	ency provide an instru	uctor for Stat	e training?				······ Yes 🗌 N	
If Yes, provi	de instructor's name							
Provide first	and second choice fo	or dates and	time.					
First choice	e date	, Second choice date				time		
Connect	With Us							
Web: Phone: TTY/TDD:	ftb.ca.gov/individuals/vita 800.522.5665 from 7:30 a.m. to 4 p.m. weekdays, except state holidays 916.845.7052 from outside the United States 800.822.6268 for persons with hearing or speech impairments							
Fax:	916.845.9004							

volunteercoordinator@ftb.ca.gov

Email: