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 **INSTANT CHANGE**

**Address:**

**4690 Millennium Dr, 3rd Floor Belcamp, 21017 Email:** **instantchange@gmail.com**

**Tel: (240)263-0848 Website: https://www.instant-change.net**

**Application:**

**Spiritual Support Request Form**

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

**Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Contact Method:** ☐ Phone ☐ Email ☐ In-Person
* **Age (Optional):** \_\_\_\_\_\_\_\_\_\_\_
* **Gender (Optional):** \_\_\_\_\_\_\_\_\_\_\_

**Type of Spiritual Support Needed**

(Please check all that apply)
☐ Prayer Request
☐ Spiritual Counseling
☐ Emotional Support
☐ Life Guidance
☐ Faith Questions
☐ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Describe Your Request**

(Provide details about what kind of spiritual support you are seeking.)

**Would You Like to Speak With a Spiritual Advisor?**

☐ Yes
☐ No

**Preferred Meeting Method**

☐ In-Person
☐ Phone Call
☐ Video Call
☐ Email Correspondence

**Confidentiality**

We respect your privacy. Please check if you would like your request to remain confidential.
☐ Yes, keep my request private
☐ No, I am comfortable sharing for collective prayers

**Follow-Up Request**

Would you like us to follow up with you regarding this request?
☐ Yes, please follow up
☐ No, just prayers/support are fine

**Additional Comments:**

**Signature (if required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_