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 **INSTANT CHANGE**

**Address:**

**4690 Millennium Dr, 3rd Floor Belcamp, 21017 Email:** **instantchange777@gmail.com**

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

 **APPLICATION FORM**

**Volunteer Sign-Up Form**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Method of Contact:**
☐ Email
☐ Phone
☐ Text

**Address:**

**Are you over 18?**
☐ Yes
☐ No (If no, please provide guardian consent.)

**Availability:**
☐ Weekdays
☐ Weekends
☐ Mornings
☐ Afternoons
☐ Evenings

**Areas of Interest (Check all that apply):**
☐ Event Planning
☐ Fundraising
☐ Administrative Support
☐ Social Media / Marketing
☐ Community Outreach
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relevant Skills or Experience:**

**Emergency Contact Name & Phone:**

**Do you have any medical conditions or allergies we should be aware of?**
☐ No
☐ Yes (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why do you want to volunteer with us?**

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