**A family with a child and a box

AI-generated content may be incorrect.**

**INSTANT CHANGE**

**Address:**

**4690 Millennium Dr, 3rd Floor Belcamp, 21017 Email:** [**instantchange777@gmail.com**](mailto: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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_