

Be the Change Advocate & Volunteer Signup

Together, We Can Heal Health & Wealth—One Member at a Time.

Thank you for choosing to help. Check the activities that fit you, tell us when you can begin, and let us know whether you would like to grow into an internship or paid position later.

Name

Start Date

Phone

Email

Days and times available: _____

Approximate hours available each week: _____

How I Would Like to Help

- | | |
|--|---|
| ☐ Share HH4L brochures, website, and mission | ☐ Welcome guests and help with event check-in |
| ☐ Organize free-scan intake and materials | ☐ Share membership and healer/provider information |
| ☐ Support food, karaoke, and community activities | ☐ Share internship and employment information |
| ☐ Share Boxabl, land, and housing information | ☐ Introduce nonprofits, community groups, or businesses to Eva |
| ☐ Help with office organization or member follow-up | ☐ Other: _____ |

Simple Volunteer Understanding

- ☐ I will use approved HH4L information and ask permission before placing brochures or collecting contact information.
- ☐ I will protect personal and business information and return completed forms directly to Eva.
- ☐ I will not promise healing results, customers, income, financing, employment, housing, or placement.
- ☐ I understand volunteer service is unpaid. I may stop volunteering at any time by telling Eva, and I will let her know if my schedule changes.

My Future Path

Training received while volunteering may help prepare you for future opportunities. Check any that interest you:

- | | |
|--|---|
| ☐ Paid internship consideration | ☐ Paid employment consideration |
| ☐ Please tell me more later | ☐ I only want to volunteer right now |

Future internships or paid positions depend on available openings, completed training, reliability, and role fit. Checking a box shows interest but does not guarantee placement.

Volunteer Signature

Date

HH4L Coordinator

Date