



Pink Heart Funds™

Pink Heart Funds
P.O. Box 1047
Long Beach, MS 39560
228.452.6223 or 866.757.PINK

Volunteer Application

Date _____

Name _____

Address _____

Phone

Home _____

Work _____

Cel _____

Email _____

Preferred Days (Please check all that apply)

M _____ F _____

Tu _____ Sa _____

W _____ Su _____

Th _____

Please send me the PHF Newsletter

Yes _____

No _____

Preferred Times (Please check all that apply)

Morning _____ Afternoon _____ Evening _____

8am-12pm _____ 12pm-4pm _____ 4pm-? _____

Other _____

Preferred Tasks (Please check all that apply)

Office Work

Answer Phones _____

Assist With Grant Writing _____

Assist Misc. Instructors _____

Data Entry _____

Handing Out Flyers _____

Website _____

Filing _____

Information Dist./Ponytail Pickup _____

Package Prep & Mailing _____

Special Skills & Abilities/Contacts

Prosthesis Assistance

Wig Ordering/Inventory/Notification _____

Wig Fitting _____

Sort/Label Ponytails _____

Breast Prosthesis Fitting _____

Eyebrow/Eyelash Classes (monthly) _____

Event tasks will likely include assisting with the sale of PHF merchandise. Travel expenses are not provided for.

It is our intention to use this information for volunteer purposes only. Your personal information will never be sold or given to a third party.

Booth Events

Local _____

Out of State _____

Thank you so much for your interest in our organization...you are greatly appreciated!

Social Events

Local _____

Out of State _____

Event Planning & Preparation _____



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