

# 2007 Heart of Fashion Volunteer Application Form



Please circle one: MRS. MS. MISS MR. DR.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_\_\_\_\_

## Home Address

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Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Business Address: If Applicable

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Title/Position: \_\_\_\_\_ Company: \_\_\_\_\_  
\_\_\_\_\_

Number and Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would like to volunteer for day-of: YES  NO

I would like to volunteer the night-of. My preference is:

- |   |                            |   |
|---|----------------------------|---|
| <input type="checkbox"/> Registration:    | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference (please circle a choice) |
| <input type="checkbox"/> Silent Auction   | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference (please circle a choice) |
| <input type="checkbox"/> Food Station     | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference (please circle a choice) |
| <input type="checkbox"/> Coat Check       | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference (please circle a choice) |
| <input type="checkbox"/> Beauty Bar       | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference (please circle a choice) |
| <input type="checkbox"/> Entrance Monitor | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference (please circle a choice) |

Please return this form by: Fax: 416-756-9047, E-mail: [amoore@nygh.on.ca](mailto:amoore@nygh.on.ca)  
or Mail to Amanda Moore, NYGH Foundation, 4001 Leslie Street, Toronto, ON  
M2K 1E1. Information is not shared and is kept confidential.