



# It's My Heart



Advocating for and Supporting those affected by Acquired and Congenital Heart Defects

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## Volunteer Application

*(Please complete and return to IMH National, by mail, fax, or scan/email.)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ home / cell / business *(please circle one)*

Address: \_\_\_\_\_  
*(please include City, State, and Zip Code)*

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

Why are you interested in being a part of IMH?

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Relevant Experience and/or Employment

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Area(s) of expertise/commitment you feel you can make:

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By signing below, you testify that the above information is true.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*