

Children's Liver Association for Support Services Volunteer Information Questionnaire

The "Volunteer Information Questionnaire" helps us better meet your interests and needs. Please return your completed questionnaire to us via mail or fax using the address printed at the end of this survey.

Name: _____		
Address: _____		
City/State/Zip: _____		
County: _____		
Phone:	H: _____	W: _____
	FAX _____	e-mail: _____

Are you a Children's Liver Association for Support Services member? ____ Yes ____ No

Please indicate any special skills you have that could benefit the Children's Liver Association for Support Services:

Mail to:
Children's Liver Association for Support Services
25379 Wayne Mills Place, #143
Valencia, CA 91355
Or
Fax to: (661) 263-9099
