

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
