



Your Liver. Your Life.

New Mexico

Volunteer Application

Name _____

Occupation/Company _____ How Long? _____

Business Address _____

Home Address _____

Home Telephone _____ Business Telephone _____

Fax Number _____ E-Mail Address _____

Cell Phone _____

Spouse's Name _____ Occupation _____ Company _____

How did you hear about ALF? _____

Volunteer Activities In Other Organizations: (Use Back of Application If Necessary)

Organization	Activity	Approx. Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

What committee/activity would you like to participate in?

- Education and Outreach: Health and Agency Fairs, grants
- Office help: Mailings, filing, inventory of brochures
- Communications: public relations
- Fundraising activities: Sell ALF bracelets, Organize a fundraiser to benefit ALF, or Serve as a 2009 Flavors of New Mexico Committee Member

Availability:

Please return to:
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Albuquerque, NM 87110
Fax: 505-244-8811
E-mail: mmccracken@liverfoundation.org