



Volunteer Form

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Parent/relative of individual with ASD: _____ Professional: _____ Profession: _____

Home #: _____ Work #: _____ E-mail: _____

Best time to reach you and at which number: _____

Availability (circle and indicate times): Morning Afternoon Evening

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Friday _____

Sat. _____ Sun. _____

Check activity area of interest:

___ **Program event volunteer:**

(Examples of tasks to choose from: Assemble packets, pack/unpack moving truck, event set-up for programs such as our Family Retreat Weekend and Summer Camp)

___ **Fundraising event volunteer:**

(Examples of tasks to choose from: Make photocopies, assemble packets, site set-up, post signs, recruit sponsorships for events such as our Walk for Autism and Ride for Autism)

___ **Legislative outreach volunteer:**

(Examples of tasks to choose from: Call or e-mail your legislators about pending legislation, write letter to editor, testify at public hearings).

___ **Office volunteer in Winthrop (During April, Autism Awareness Month):**

(Examples of tasks to choose from: Make photocopies, assemble packets for mailings, prepare ribbons, hang posters)

___ **Interest in serving on ASM Board of Directors** (monthly meetings plus committee work)

___ **Other** _____ (please specify)

Thank You! Whether you are available for just a couple of hours, for one event, or two or three times a year, we appreciate your generosity of time in offering to volunteer for the Autism Society of Maine. You will be contacted by the responsible director when a match for your area of interest becomes available.