



Volunteer Form

Name: _____ Address: _____

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

Are you a Parent or Relative of Individual with ASD: Yes No _____

Employment / Profession: _____

Home # _____ Work # _____ E-mail: _____

Best time to reach you and at which number: _____

Person to notify in case of emergency: Name _____ Phone _____

Availability

Weekday: Morning Afternoon Evening _____

Weekend: Morning Afternoon Evening _____

Check activity area of interest:

Event Volunteer: Site set-up, post signs, pack or unpack vehicles, parking attendant, take photos.

Fundraising: Host a fundraising event in your community to benefit ASM, recruit sponsorships for events such as our Walk for Autism and Ride for Autism.

Legislative Outreach Volunteer:
Call or e-mail your legislators about pending legislation, write letter to editor, testify at public hearings.

Raise Autism Awareness in the Community During the Month of April:
Make photocopies, assemble packets for mailings, prepare ribbons, hang posters.

Interest in Serving on ASM Board of Directors: Monthly meetings plus committee work.

Other Special Skills, Qualifications or Previous Volunteer Experience: _____

Thank You! You will be contacted by the Autism Society of Maine when a match for your area of interest becomes available.

I give permission to ASM to use any videos or pictures taken for use on the ASM website, newsletter or other professional promotions.

*Signature _____ Date: _____