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## **Volunteer Form**

Name:	Address:			
City:	State:	Zip:	County:	
Home #Wor	k #	E	-mail:	
Best time to reach you and at which number:				
Person to notify in case of emergenc	y: Name		Phone	
Check area of interest:				
April Awareness Month				
Annual Walk for Autism (various locations)				
Annual Softball Tournament, Bangor				
Ride For Autism				
Fundraising				
Interest in Serving on an Event Committee				
Interest in Serving on ASM Board	d of Directors			
Parent Networking				
Other Special Skills, Talents 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: \_\_\_\_