

Volunteer Application Form

Date: _____

Name: _____

Address: _____

Address: _____

Address: _____

Email: _____

Phone: _____ Phone: _____

Area(s) Applying For:

- | | | |
|--|--|---|
| <input type="checkbox"/> Special Events
Annual Walk & 5K Run
Annual Gala
National Autism Awareness Month
Fun Day Picnic | <input type="checkbox"/> Fundraising
Hold an event:
Car Wash
Dress Down Day
Bake Sale | <input type="checkbox"/> Clerical /Office
Answer Phones
Help with Mailings
Prepare for Events
Marketing Expertise |
| <input type="checkbox"/> Family to Family Support
Support newly diagnosed
Support particular issues | <input type="checkbox"/> Mentor an Individual
Share your hobby
Share your expertise | <input type="checkbox"/> Leadership
Board of Directors
Committees
Resource Development
Policy
Programs and Services |

There are a lot of opportunities to volunteer for our chapter of the Autism Society. To ensure that we match you with work you will enjoy we would like you to tell us what your interests are?