

ASAT Volunteer Application

Please complete and mail to:
ASAT
P.O Box 1447
Hoboken, NJ 07030

Or email to: dceliberti@asatonline.org

Name:		Phone:	
Address:			
Email:			
Work/School Affiliation:			
Tell us about yourself (e.g., occupation, relation to autism).			
How did you hear about ASAT?			
Why are you interested in volunteering with ASAT?			
Desired length of involvement (e.g. 3months, 6months):			
Limitations or restrictions to volunteering (if any):			
Please identify your skills, abilities, and interests (check all that may apply):			
☐ Fundraising	☐ Conference sup	pport	Writing for consumer audience
Editing /Proof reading	Graphic Design		Writing for professional audience
☐ Writing for website	Compiling reso		Conducting internet research
Reviewing research	Promoting pub		Reviewing website

Revised July, 2013