

# ASRC Volunteer form

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**I would like to volunteer my time**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone day: \_\_\_\_\_ Phone evening: \_\_\_\_\_

**There are many ways to volunteer for the CT Autism  
Spectrum Resource Center**

- General office help**
- Mailings and more mailings!**
- Any area of expertise you may already have**

I am available on the following days

\_\_\_\_\_

I can work (# days) \_\_\_\_\_, (check one) per week \_\_\_\_ or per  
month \_\_\_\_

**We will keep your request on file. If you have any questions,  
please call us at the Center (203) 265-7717**

**THANK YOU FOR YOUR SUPPORT!**

Please return this form to:  
**ASRC**  
101 North Plains Industrial  
Rd., Harvest Park, Building 1A  
Wallingford, CT 06492  
Phone 203-265-7717