



Arts, Beats & Eats Volunteer Sign-Up

Name of organization or group (when applicable):

Volunteer Contact Information

Name: _____ Date: _____

Phone: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Desired Shift

Shift 1: Saturday, September 1st | 8:00am to 1:00pm – Inclusive Family Day

Shift 2: Monday, September 3rd | 8:00am to 1:00pm – Inclusive Family Day

Shift 3: Monday, September 3rd | 1:00pm to 8:00pm – AAoM Gate Representative

Background Information

Do you have previous knowledge about autism or related disabilities? YES NO

If yes, please specify below.

Would you like to sign-up for our monthly e-newsletter? YES NO

**Thank you for your dedication and commitment to families affected by autism in Michigan.
Please email this form back to caseymcfeely@autismallianceofmichigan.org.**

Autism Alliance of Michigan
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www.autismallianceofmichigan.org