



SOAR ATHLETE INTEREST FORM

Please print this form, complete the information and send it to the address below. Thank you for your interest in Special Olympics Advocacy Resource (SOAR) Program.

NAME: _____

PARENT/GUARDIAN (if applicable): _____

STREET: _____

TOWN/CITY: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

SERVICE AREAS OF INTERESTS (CHECK)

Legal Services

- Wills/Trusts/Estate Planning
- Guardianship Planning
- Family or Domestic Issues
- Landlord/Tenant Issues
- Financial disputes
- Education Benefits
- Health Entitlement Plans
- Government & Insurance Benefits

Other _____

Advocacy Services

- Entitlement Issues
- Self-Advocacy Training
- Medical Rights
- Education Rights
- Family/Interpersonal Relationships

Other _____

Life Skills

- Interview Skills
- Resume Drafting
- Job Opportunity Identification
- Job Retention
- Financial Planning
- Tax Related Issues

Other _____

HOW DID YOU HEAR ABOUT US?

PLEASE CHECK ALL THAT APPLY:

_____ I would like to be matched with a Champion.

_____ I would like more information about the S.O.A.R. Program.

PLEASE RETURN TO:
SOAZ (c/o Bruce Clarke)
2100 South 75th Avenue
Phoenix, AZ 85043
Attn: Bruce Clarke