



Athlete Inclusive Health Committee Candidate Profile

Name _____ Birthday (mm/dd/yyyy) _____

Home Address _____ City, Zip _____

Email _____

Cell Phone Number _____

Area you participate in _____ Delegation _____

What Sports do you compete in? _____

How many years have you been an athlete? _____

What do you do on a daily basis to be healthy?

What do you think you could bring to this committee?

Why do you want to be a part of this committee?

Please return the completed form to:

Special Olympics Arizona/ Bruce Clarke

2100 S. 75th Avenue Phoenix, AZ 85023 Phone 602-230-1200 Fax 602-230-1111

Bruce@SpecialOlympicsArizona.org

***Turning in this application does not guarantee a position on the Athlete Inclusive Health Sub-Committee. This application will be reviewed by SOAZ staff and current members of the Athlete Inclusive Health Sub-Committee and you will be notified when a decision is made.**