

# ATHLETE LEADERSHIP PROGRAM

## Interest Form



**1. Athlete Contact information:**

Name	Area	Agency
Address		
City	State	Zip
Home Phone	Email	

**2. Athlete parents/guardian contact information:**

Name	Relationship
Address	
City	State Zip
Home Phone	Work Phone
Cell Phone	Email

3. Age of athlete: \_\_\_\_\_

4. Is athlete actively involved in Special Olympics and has a valid Medical Application on file?  Yes  No

5. Can athlete travel independently?  Yes  No

6. Has the athlete ever had experience in:

Leading the Oath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speaking at committee or group meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being a spokesperson for Special Olympics (i.e. giving a formal presentation at conferences, being interviewed by the media, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Other information you'd like to share about athlete's interests, hobbies...  
 \_\_\_\_\_  
 \_\_\_\_\_

8. What areas of the Athlete Leadership Program are you interested in: (check all that interest you)

- Global Messenger – sharing your story; speaking as a Special Olympics ambassador
- Input Council –
- Technology – social media, PowerPoint, photo/video sharing/editing
- Leadership – identifying/developing leadership skills; instructor/clinician
- Governance – skill development for working on committees/boards etc.
- Coaching
- Fundraising
- Health/Fitness – develop skills and knowledge to share with other athletes related to healthy lifestyle
- Other: \_\_\_\_\_

**9. Speech Coach Information:**  Same info as Parent

Name	Relationship
Address	
City	State Zip
Home Phone	Work Phone
Cell Phone	Email

**Send or fax completed Interest Forms to:**  
**Special Olympics Illinois**  
**Attn: Karen Milligan**  
**605 E. Willow Rd.**  
**Normal, IL 61761**  
**Fax: 309.888.2570**

**Office Use:**  
 Area Director Approval:  
 Athlete MedApp:  
 Speech Coach Class A: