

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: