



## Athlete Interest Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Date: \_\_\_\_\_

Athlete currently has driver's licenses?      Yes      No

What is your employment history?

---

---

---

---

What is your longest Employment Period? (longest amount of time you have worked at a job) \_\_\_\_\_

What are you looking for in your ideal Job?

---

---

---

What types of things do you feel like you are good at?

---

---

---

What types of things do you struggle with?

---

---

---

**Contact Information:**

Bruce Clarke: Program Assistant/Athlete Input Council Coordinator

Email: [Bruce@SpecialOlympicsArizona.org](mailto:Bruce@SpecialOlympicsArizona.org)

Phone: Office 602-476-0843