



## Health Committee Candidate Profile

Name \_\_\_\_\_ Birthday (mm/dd) \_\_\_\_\_

Home Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Children (Names & Ages) \_\_\_\_\_

Business Position/Profession \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Special Olympics Involvement (Past/Present): \_\_\_\_\_

Community Activities (i.e.: Service clubs, Church School, Etc.): \_\_\_\_\_

Leadership Roles in other not-for-profit (Past 3 Years to Present): \_\_\_\_\_

Other: \_\_\_\_\_

**Please return the completed form to:**  
**Special Olympics Arizona/ Amanda Metcalf**  
**2100 S. 75<sup>th</sup> Ave. Phoenix, AZ. 85043 Phone 602-230-1200 ~ Fax 602-230-1111**