



Unified Arts Committee Candidate Profile

Name _____ Birthday (mm/dd/yyyy) _____

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 - Brittany Meola
2100 South 75th Avenue Phoenix, Arizona 85043
Phone 602-230-1200 | Fax 602-230-1111 | www.SpecialOlympicsArizona.org