

**Youth Ambassador Application**

Applications due December 1, 2017. Selections announced December 18, 2017. If selected, mandatory training to take place January 3 from 9:30AM- 11:30AM at the JDRF office located at 1 N LaSalle. St., Chicago, IL 60602.

Application must be turned in completely for consideration.

**Applicant Information:**

Applicant’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size:**

Youth Sizes: \_\_\_\_ 6-8 \_\_\_\_ 10-12 \_\_\_\_14-16

Adult Sizes: \_\_\_\_ XS \_\_\_\_ Small \_\_\_\_Medium \_\_\_\_Large \_\_\_\_XL

**Parent/Emergency Contact Information:**

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

Parent Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you have a 2017 JDRF One Walk Team?** Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

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

Walk Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no, have you have a Walk Team in the past?** Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**Parent and child, please initial below**

**MANDATORY AMBASSADOR TRAINING:** I understand that it is mandatory to be at the Youth Ambassador training on Wednesday, January 3 from 9:30AM- 11:30AM at the JDRF office located at 1 N LaSalle. St., Chicago, IL 60602.

(Child Initial) \_\_\_\_\_\_ (Parent Initial) \_\_\_\_\_\_

**PARENTS/GUARDIANS COMMITMENT:** *I understand that this time commitment will require parental/guardian resources of time, transportation, support, etc.*

(Parent Initial) \_\_\_\_\_\_

**TERM COMMITMENT:** *I understand that the Youth Ambassador role is a commitment of 2 years. After the term has been served, Youth Ambassadors will graduate on to new chapter opportunities.*

(Child Initial) \_\_\_\_\_\_ (Parent Initial) \_\_\_\_\_\_

**MANDATORY PROGRAM REQUIREMENTS:** *I understand that failure to meet program requirements may result in the loss of Youth Ambassador Title (Review annually per 2-year term.)*

* Annual Fundraising Requirement of $3,000 per Youth Ambassador
  + Fundraising Opportunity
* Attend Youth Ambassador Orientation
* Participate in the JDRF One Walk 2018
* Participate in at least one speaking engagement per year (Opportunities to be provided by JDRF)

(Child Initial) \_\_\_\_\_\_ (Parent Initial) \_\_\_\_\_\_

**Application Short Answer Questions:** *(For the applicant to answer)*

Tell us what you would like to get out of being a JDRF Youth Ambassador:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When there is a cure I will…

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What would you like people to know about type 1 diabetes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell us more about you:**

Favorite Restaurant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Movie/Book: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Subject in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When I grow up I want to be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other clubs/sports that you participate in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Your Application**

As a Youth Ambassador, you will have the opportunity and responsibility to represent JDRF at several events, in front of varying audiences. Public speaking skills are important in our search for our next Youth Ambassador cohort.

***Youth Ambassador Video***

Pretend that you are making a video that JDRF will use to send to other volunteers, thanking them for their efforts after a successful event. In this scenario, this video will be emailed to those volunteers as a special thank you. Create your video following the instructions below as part of your application.

* 30 seconds to 1 minute video.
* Video should cover:
  + Name
  + Short diagnosis story
  + Thank volunteers for their impact
  + Invite them to return
* Choose an area within JDRF (Gala, Walk, Ride, Outreach, etc.) and get creative.
* For this exercise, we are looking for professional, confident, clear, and personable speakers. Have fun and show us your personality!

Upload the video to YouTube. YouTube links must be sent to [lriley@jdrf.org](mailto:lriley@jdrf.org). Please note: Videos must be sent in this format in order to be considered.

***Youth Ambassador Written Speech/Essay***

Pretend that you are preparing a speech to present to your classmates- encouraging them to join you at the JDRF One Walk next year. Write your speech and submit to complete your application.

• **Introduce Yourself –** Name, age, grade, where you’re from.  
• **Diagnosis story** – What happened that day? How did you find out? What did you have to do, learn, change about your life, how did it make you feel?  
• **Managing T1D**– What is T1D? What should your blood sugar be typically? How do you feel when you are low, when you are high? Talk about your pump, your tester, your CGM, etc.   
• **Typical Day with T1D**- What is a typical day in the life? Help those in the room without T1D understand the little [and big] things you need to do to take care of yourself.  
• **Why Should Your Classmates help you?** Close with your final ask for involvement and thank them for their consideration.

Send this as an attachment with your application to Lindsey Riley at [lriley@jdrf.org](mailto:lriley@jdrf.org).

**Youth Ambassador Photo Waiver**

I authorize my child’s picture to be used in print, media, online and any publication where the Youth Ambassador Program may be mentioned or advertised. This includes Facebook, Chapter website, YouTube, Youth Ambassador Program Profile Page and any other social and/or print media outlet the JDRF Illinois Chapter or JDRF chooses.

I acknowledge that I have read and understand this Youth Ambassador Photo Waiver; that I have been given a reasonable amount of time to review this Youth Ambassador Waiver; and that I voluntarily agree to the terms above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Parent Signature Date

*IF THE YOUTH AMBASSADOR IS A MINOR, EITHER PARENT WITH LEGAL CUSTODY OR MINOR’S LEGAL GUARDIAN MUST SIGN.*

By signing this Youth Ambassador Agreement, parent or guardian agrees to the waiver of claims and indemnification of JDRF set forth above, on behalf of the Youth Ambassador and on behalf of the parent or guardian as to any and all rights or claims that the parent or guardian may have now, or in the future may have, arising out of or in connection with the Youth Ambassador’s service. Parent or guardian requests that JDRF permits the above minor child to participate in the Youth Ambassador Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Parent Signature Date

**Youth Ambassador Waiver**

As a Youth Ambassador for JDRF Illinois, I promise to act in a respectable manner, knowing that my actions and words directly represent the organization. I agree to indemnify and hold harmless JDRF from any claims, causes of action or liabilities (including costs and expenses) based on or arising from my actions or conduct as a Youth Ambassador. I understand and assume any risks of engaging in volunteer work such as, or similar to, that which is described in the attached Youth Ambassador Program Description. I also understand and expressly agree that the above waiver and release of this Youth Ambassador Waiver extends to and includes claims of every nature and kind, whether known or unknown, suspected or unsuspected.

The waiver and release shall be enforceable to the fullest extent permitted by law. I acknowledge that I have read and understand this Youth Ambassador Waiver; that I have been given a reasonable amount of time to review this Youth Ambassador Waiver; and that I voluntarily agree to the terms above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name Applicant Signature Date

**FINALIZE YOUR APPLICATION**

Please return your completed application (pages 1-5) by scanning all documents together and including essay attachment and video link via email to Lindsey Riley at [lriley@jdrf.org](mailto:lriley@jdrf.org) by December 1, 2017.

Selections will be announced December 18th via a JDRF blog announcement and by email.

**Mandatory Training** will take place Wednesday, January 3, from 9:30am-11:30am at the JDRF office (1 N LaSalle St. Suite 1200, Chicago, IL 60602)

**GOOD LUCK and thank you!**