



JDRF Houston Gulf Coast Chapter 2020 Gala Youth Ambassador Application

Child's Name:		
Date of Birth:	Diagnosis Date:	Age at time of Gala:
Past Gala Youth Ambassador: Yes/No		If Yes, how many times?
School Name:		Grade:
Why do you want to be an ambassador?		
If you've been an ambassador before, what's been your favorite part?		
Please share any constructive suggestions on ways that we may improve the Gala Youth Ambassador program:		
Mother's Name:		Father's Name:
Cell Phone:		Cell Phone:
Email:		Email:
Address:		Address:
Employer/ Position:		Employer/ Position:
At least one parent must be on site the entire time with their child night of Gala. (Ambassadors arrival time is 4:00pm.) Please indicate if you will be purchasing individual ticket(s) or sponsoring a table and attending as a guest OR will be on site as a volunteer night of Gala. Please specify which parent and what role:		
Please indicate any previous JDRF fundraising and/or involvement in community engagement events your family has participated in: (e.g. Walk, TypeOneNation, Gala, Golf, Ride, Kids Walk, Advocacy, Volunteer)		
By signing below, I agree to participate in all Ambassador duties as outlined.		
Signature of Parent:		Signature of Ambassador Applicant:
Are you a JDRF Advocate? Yes/ No If not already an advocate, sign up by visiting JDRF.ORG/JOIN or text "ACT" to 53731(JDRF1)		
Deadline for application and photo submission: Wednesday, January 22, 2020. Ambassadors selected will be notified by email on Friday, January 24, 2020. Email Application to: GalaYouthAmbassador@jdrf.org *Please provide photo of child with completed application.		