



Indiana State Chapter Youth Ambassador Program

Thank you for your interest in joining the JDRF Indiana State Chapter Youth Ambassador Program. If you are between the ages of 6 and 17, we invite you to participate in the 2019 JDRF Youth Ambassador Program. This group is made up of individuals with type 1 diabetes (T1D) and who are interested in becoming involved with the educational and volunteer efforts of JDRF. For our younger participants, we'll have roles at our events designed just for you!

The Indiana State Chapter is excited to announce all Youth Ambassadors will have a well-rounded opportunity to be involved with JDRF throughout the year in several events and programs including the Walk, Gala, and Summit!

The responsibilities of this group include being a representative of JDRF in our community while giving volunteer hours to JDRF. We need your voice, your participation, and your leadership. We will ask Ambassadors to fill out the attached application form for consideration in the program.

We encourage all past Walk and Gala Youth Ambassadors to apply and join in this revitalized program for the Indiana State Chapter! Not only will you be helping JDRF and the type 1 community, and having a fun time while doing so, but being a Youth Ambassador will look fabulous on your college resumes!

Examples of Youth Ambassador Opportunities:

- Office Assistance – writing thank you cards, helping with mailings, poster designing
- Gala – event night greeters, live auction assistance, Fund A Cure sign holding, special assistance in creating art work for auction (Saturday meeting at GRT Glass Design Studio), photo shoot for gala night signage (at a special location TBA), auction procurement
- Walk – Create a OneWalk Family team, kick off program, pre-event help with set up, day of greeters, special area help (i.e. kid zone or photo booth), post-event tear down help
- Golf – day of participation, assist with registration, help with setting up signage
- Speaking Engagements
- Additional event assistance as needed



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2019 APPLICATION

Child's Name: _____
Parent's Name: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Parent's Email: _____
Current Age: _____
Age at Diagnosis: _____
Siblings Names/Ages: _____
Pets: _____
School/Current Grade: _____

Favorite hobbies/pastimes/sports:

Ways Diabetes has affected my daily life:

Check One (1) of the Following:

- I give permission for my child's picture and name to be used by the Indiana State Chapter of the Juvenile Diabetes Research Foundation as a youth ambassador in fundraising activities including but not limited to the 2019 Hope Gala, OneWalk, and Golf Outing.
- I do not give permission

Parent's signature: _____ **Date:** _____