

2020 Ambassador Application JDRF Dream Gala



Applicant's Name: _____

Age on May 9, 2020: _____ Date & Age at Diagnosis: _____

Parent(s) Name (if under 18): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: _____ Parent(s) Cell # (if under 18): _____

Applicant Email Address if Applicable: _____

Parent's Email Address: _____

School (if applicable): _____ Grade: _____

Emergency Contact (for night-of Gala): _____ Phone #: _____

Please briefly answer the following:

- ***Tell us your involvement with JDRF and how JDRF helps you in living with type 1 diabetes (T1D).***
- ***If there was one thing your friends/others knew about T1D, what would you want it to be and why?***
- ***Outside of work or school what do you enjoy doing? Describe if it changes how you manage T1D.***
- ***What tools do you use to manage your T1D? Insulin pump? CGM?***
- ***Give us an example of what excites you in the future when it comes to management/treatment of T1D.***