

2020 Ambassador Application HBA Artisan Tour



Applicant's Name: _____

Age by June, 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: _____ Phone #: _____

Please briefly answer the following:

- ***What do you know about JDRF and have you been involved? Give examples.***

- ***What do you remember about being diagnosed with type 1 diabetes (T1D)?***

- ***How does T1D impact your daily life? Give examples.***

- ***What tools do you use to manage your T1D? Insulin pump? CGM?***