

JDRF HOUSTON GULF COAST CHAPTER 2015 PROMISE BALL YOUTH AMBASSADOR APPLICATION

		APPLICANT INFORMATION	
Child's Name:			
Age(must be 6-17 yrs old):		Date of Diagnosis:	l've been a gala ambassador before: Yes/No
School:		Grade:	Walk Team Name:
Why do you want to be an ambassador?			
If you've been an ambassador before, what's been your favorite part?			
Parent(s) Name:			
Address:		City:	State:
Zip:	Phone:		Email:
Employer(s)		Position(s):	
PREVIOUS JDRF EVENTS VOLUNTEERED FOR AND/OR ATTENDED:			
1.			
2.			
3.			
4.			
5.			
By signing below, I agree to participate in all Ambassador duties as outlined in the email.			
Signature of Parent			
Signature of Ambassador Applicant			
*Please provide photo of child with completed application.			
Application and photo should be submitted via email or mail no later than January 30, 2015.			

Ambassadors selected will be notified by February 5, 2015.

Email: mlacy@jdrf.org

JDRF

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