



**2019 Ambassador Application
JDRF Dream Gala**

Applicant's Name: _____

Age on May 4, 2019 (children under 8 must be accompanied by a parent at the Gala): _____

Age at Diagnosis: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Email Address (or parent's email if under 18): _____

School (if applicable): _____ Grade: _____

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

Please briefly answer the following questions:

- 1. Tell us your involvement with JDRF and how JDRF has helped you in living with type 1 diabetes (T1D).***

- 2. If there was one thing your friends/others knew about T1D, what would you want it to be and why?***

- 3. Outside of work or school what do you enjoy doing?***

- 4. What most excites you about a cure for T1D?***