YOUTH AMBASSADOR PROGRAM

2020 CALENDAR YEAR
NORTHWEST ARKANSAS
Thank you for your interest in becoming a JDRF Arkansas Chapter Youth Ambassador for the NWA Office!

The Youth Ambassadors are critical to the mission of JDRF and provide great opportunities for social engagement, brand awareness, and an overall sense of family and community with your fellow ambassadors who also live with T1D everyday. As a person who has lived with T1D since the age of 3, some of my fondest memories growing up were with my Ambassador class and the opportunities provided to me – It is my goal to provide you with the same enjoyment and excitement and joy that I found as an ambassador and hope you will enjoy serving in this role as much as I did!

As a Youth Ambassador you would be asked to speak about T1D, how T1D affects your life and how JDRF and the progress made has influenced you, and taking part in the two main JDRF events: Run for the Roses Hope Gala and the Fayetteville One Walk, among other things as outlined in the enclosed pages.

Enclosed you will find information on the program. We hope that you will represent our chapter as a member of the Youth Ambassador program! Please just complete the enclosed application and send along with the required information to me by December 10th, so that we can begin planning the brief orientation meeting and kick-off event for December/January.

Thanks so much and I look forward to having you on the Youth Ambassador team!

Lauren E Sivewright
Development Manager
JDRF Arkansas – NWA Office
The Ambassadors program's main objective is to provide children who are diagnosed with type 1 diabetes a peer group of support. Special fun activities are offered throughout the year that allow this group to come together and build supporting relationships. The program focuses on socializing with peers and an introduction to JDRF and the T1D community in Arkansas.

The Emerging Leaders program continues to build on the social support of the Ambassadors program while introducing new opportunities to develop tangible and real experiences that they can utilize in their future education and professional careers. This is accomplished by allowing them to participate in service experience, development in public speaking, advocacy, and outreach skills.

Currently both stages of our Youth Outreach Leadership program require involvement in the JDRF Arkansas Chapter’s core events: Type One Nation Summit, One Walk, Fayetteville, and Hope Gala. Other opportunities include secondary events as they arise and/or be of interest (this is optional).

Both groups participate in the volunteer and fundraising efforts directed towards One Walk and the Hope Gala. Each program level provides defined and structured activities on a monthly basis.

Ambassadors and Emerging Leaders are provided public speaking opportunities and presentation skill building exercises through various channels and at Type One Nation*. They are also are encouraged to provide mentorship and support to their juniors. Additional opportunities to learn, include government advocacy through the Promise to Remember Me campaign—which is focused on continued funding through the Special Diabetes Project (SPD). The funds allocated for the SDP are critical for ongoing T1D research.
REQUIREMENTS/RESPONSIBILITIES

REQUIREMENTS
- Be willing to share your personal story in front of groups of people or the media.
- Have a positive outlook on life and diabetes.
- Complete the Ambassador Form (with parent signature) and return to JDRF with a current photo.
- Complete the Video/Photograph Release Form (with parent signature) and return to JDRF.
- Commit to participating for the 2020 calendar year. (Jan - December)
- Attend as many activities as possible.
- Arrange for transportation to and from responsibilities and social activities.
- Create your own Family Walk Team or become a fundraising member of another Ambassador’s Family Walk Team (Walk will take place Fall 2020).
- Procure or donate an auction item for the JDRF Hope Gala (May 2020).

RESPONSIBILITIES
-- Attend Ambassador Orientation/KO Meeting at the end of January
- Serve as JDRF Ambassador Liaison to specific assigned sponsor(s) by assisting JDRF staff with the stewardship of that sponsor throughout the year.
- Participate in Gala activities when asked.
- Create thank you gifts for donors.
- Provide assistance with PSA’s when asked.
- Be courteous and respectful of your peers, JDRF staff, donors and guests.
- Be punctual.

MEETINGS
Meetings will take place once a month during the calendar year; after 5 p.m. The gatherings are for Ambassadors only and a guardian (if the guardian chooses to stay). We ask that no siblings or friends attend since this is a program for T1D children and we want them to interact and become friends with one another. We may occasionally offer an outing where non T1D siblings will be invited to attend as well and parents will be notified of those events.

If you have any suggestions for Ambassador activities, please reach out to Lauren at lsivewright@jdrf.org. This program is for you and we want to make it as fun and fulfilling as possible!
JDRF YOUTH AMBASSADOR PROGRAM APPLICATION - 2020 CALENDAR YEAR - ARKANSAS CHAPTER/NWA OFFICE

CHILD’S NAME_________________________________________________________ MALE _____ FEMALE _____

BIRTHDAY ______________________ DATE DIAGNOSED ______________________ AGE AT DIAGNOSIS ______

MOTHER’S NAME ________________________________ FATHER’S NAME ________________________________

MOTHER’S EMPLOYER ___________________________________________________________________________

FATHER’S EMPLOYER ___________________________________________________________________________

MAILING ADDRESS ______________________________________________________________________________

CITY____________________________________________ STATE _____________ ZIP _______________________

CHILD’S CELL_________________ MOTHER’S CELL_________________ FATHER’S CELL ________________

PARENT MAILING ADDRESS (IF DIFFERENT THAN CHILD) ______________________________________________________________________________

CHILD’S EMAIL ADDRESS _________________________________________________________________________

MOTHER’S EMAIL ______________________________ FATHER’S EMAIL _________________________________

SCHOOL ______________________________________________________ GRADE __________________________

EMERGENCY CONTACT ____________________________ PHONE # __________________ RELATION _________

INSULIN DELIVERY METHOD: SHOTS _____ PUMP: OMNIPOD ___ MEDTRONIC ___ TANDEM ___

DO YOU WEAR A CGM? YES ____ WHICH TYPE?: _______________ NO ____

DO YOU CURRENTLY HAVE AN ACTIVE JDRF ONE WALK, FAYETTEVILLE TEAM?: YES ____ NO ____

IF YES, WHAT IS YOUR TEAM NAME? _____________________________________________________________

CHILD SHIRT SIZE: YXS YM YL AS AM AL AXL

CHILD’S INTERESTS/THINGS THEY ENJOY
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

WHY ARE YOU INTERESTED IN BECOMING A JDRF AMBASSADOR?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

STAND-OUT TRAITS/ SPECIAL ACCOMPLISHMENTS?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

PARENT SIGNATURE ____________________________ DATE __________________

AMBASSADOR SIGNATURE ____________________________ DATE __________________

BY SIGNING THIS FORM, YOU ARE GIVING YOUR CHILD PERMISSION TO PARTICIPATE IN THE JDRF AMBASSADOR PROGRAM FOR THE 2020 CALENDAR YEAR. PLEASE EMAIL YOUR COMPLETED APPLICATION ALONG WITH A CURRENT PHOTO TO LSIVEWRIGHT@JDRF.ORG. QUESTIONS? CALL 479-443-9190

APPLICATIONS DUE BY DECEMBER 30th
VIDEO/PHOTOGRAPH RELEASE FORM

I, ______________________________________ (please print) as the parent or guardian of _____________________________________ who is not of legal age, do hereby consent and authorize the JDRF to use and reproduce the video and or photographs taken of him or her and circulate same for promotion of JDRF events and purposes.

I further release JDRF from any and all claims of damages for libel, slander, invasion of the rights of privacy, or any other claims based on, arising from, or connected with the use of said video and photographs. No representations have been made to me.

Witness Name and Signature _________________________________________________
Signature_________________________________________________________________
(of parent or guardian)

Address __________________________________________________________________
Phone # _____________________________ Email _______________________________

Date ___________________________ JDRF Staff (once Received) _____________________