



**Arthritis Foundation, Northeast Region Inc.  
Youth Ambassador Program Application**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address (if age appropriate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Type of arthritis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Siblings Names/Ages: \_\_\_\_\_

School: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Previous involvement with Arthritis Foundation, if any: \_\_\_\_\_

*I give permission for my child's name and photo to be used by the Arthritis Foundation, Northeast Region as part of its Youth Ambassador Program.*

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please include the following with your application:*

- *One (1) photo*
- *Child/teen's arthritis story in his/her own words*

**Send application form, photo, and arthritis story to:**

**Arthritis Foundation, Northeast Region  
Youth Ambassador Program  
Attn: Michele Disken Greco, Regional Director, Public Policy & Advocacy  
122 East 42 Street, 18<sup>th</sup> Floor  
New York, NY 10168-1898  
[mgreco@arthritis.org](mailto:mgreco@arthritis.org)**

**\*Please note: Your application will also be shared with your local Chapter office.**