



**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, 18th Floor
New York, NY 10168-1898
mgreco@arthritis.org**

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