

Junior Ambassador Program Application

Child's Name: _____

Address: _____

City, State, Zip: _____

Parent Email Address: _____

Child Email Address (if age appropriate): _____

Date of Birth: _____ Age: _____

Date of Diagnosis: _____ Type of Arthritis: _____

Parent's Name(s): _____

Home Phone: _____ Cell Phone: _____

Favorite Activities: _____

Previous involvement with Arthritis Foundation, if any:

I give permission for my child's name, photo and arthritis story to be used by the Arthritis Foundation as part of its Junior Ambassador Program.

Parent's Signature: _____ Date: _____

Please include the following with your application:

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

Send application, photo and arthritis story to:
Arthritis Foundation Junior Ambassador Program
Attn: Julie Eller, Manager of Grassroots Advocacy
1615 L St., NW, Suite 320
Washington, DC 20036
JEller@arthritis.org

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