

## Junior Ambassador Program Application

Please fill out this form and include: One photo of the teen and their arthritis story written in their own words  
Your application will be shared with your local office. We will email you with next steps once all materials are received.

Teen's Name					
Teen's Email (if appropriate)					
Date of Birth			Relationship to arthritis <i>(self, sibling, etc)</i>		
Type of Arthritis			Date of Diagnosis <i>(Month, Year)</i>		
What is the teen's anticipated high school graduation date? (If known)					
Street Address					
City			State	ZIP	
Hobbies					
Previous Involvement with the Arthritis Foundation, if any.					
Parent/Guardian's Name					
Parent/Guardian's Email					
I give permission for my teen's name, photo, and arthritis story to be used by the Arthritis Foundation as part of the Junior Ambassador Program.					
Parent/Guardian Signature				Date	

Please send completed application, photo, and arthritis story via email or snail mail to:

[advocacy@arthritis.org](mailto:advocacy@arthritis.org)

Arthritis Foundation, Advocacy & Access

Attn: Junior Ambassador Program

1615 L Street NW, #320

Washington, DC, 20036