

The Congressional Award Record Book

Level Applying For:

Certificate Medal
Bronze Silver Gold

Prior Approvals: _____

Date of Birth: ____ / ____ / ____

Office Use Only:

Record Book

(Please print or type)

Name: _____

Address: _____ / ____ / ____
Street Address City, State, Zip

Phone: ____ / ____ - ____ (H) ____ / ____ - ____ (W)

Email: _____ *Include the email that you use the most

Attending School: YES NO Year of Study: _____

School: _____

Employed: YES NO If Yes: Part-Time Full-Time

Employer: _____

What I have gained by participating in the Congressional Award:

My goals and requirements to earn a Congressional Award have been achieved as stated herein

Signed: _____ Date: ____ / ____ / ____

ADVISOR INFORMATION:

Name: _____ Email: _____

Address: _____ / ____ / ____
Street Address City, State, Zip

Phone: ____ / ____ - ____ (H) ____ / ____ - ____ (W)

Relationship: _____ Occupation: _____

Advisor's **Comments** concerning the candidate's participation in the Congressional Award:

I certify that the candidate established goals in accordance with program guidelines and has satisfactorily completed all goals and requirements for the Congressional Award.

Signed: _____ Date: ____ / ____ / ____

Advisor Signature

Submit this six-page Record Book after you have achieved your goals and completed the required hours and months.
Please print legibly; Electronic Record Book Pages are Available at www.congressionalaward.org

Mail completed Record Book to: The Congressional Award, PO Box 77440, Washington, DC 20013

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS VOLUNTARY PUBLIC SERVICE

Describe your **goal**: _____

Describe your **activities** to achieve your goal: _____

Describe what you **learned**: _____

Describe how you served the **greater community at large**: _____

Months of Activity (check all that apply below ↓) **Hours** (only report **NEW** hours): _____

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

If your activities for this goal span more than four years, please copy this page as needed

VALIDATOR INFORMATION:

Name: _____ Email: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) _____ (W)

Relationship: _____ Occupation: _____

Validator **Comments**: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ **Date:** ____ / ____ / ____
Validator's Signature

*Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than **four** goals are allowed in Voluntary Public Service per level.*

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

Expedition/Exploration

Describe your **goal**: _____

On the Following Page (or as an attachment) please detail the following:

- 1 How did YOU plan or prepare for this activity? Be as detailed as possible indicating YOUR initiative.
- 2 How was this activity unique and unlike anything YOU have ever done before? How were YOU immersed in a different culture or environment?
- 3 How were YOU challenged? Include examples of YOU thinking on YOUR feet.
- 4 Include a detailed itinerary of what YOU **plan** to do.
- 5 Include a detailed write up of YOUR **actual** trip (a day-to-day account). This should include examples of the above and should detail YOUR trip from start to finish (including travel).
- 6 Please include anything else you think would highlight YOUR accomplishments on your trip.

Please note that Gold Medal Record Books require detailed explanations of your planning and your actual trip. If you are planning on submitting a lower level Expedition/Exploration at the Gold Medal Level, be as detailed as possible at your first submission. We can only review what you submit.

PLANNING INFORMATION: *Planning and Preparation Dates and Hours*

Planning Dates : ____ / ____ / ____ - ____ / ____ / ____ Planning Hours: _____

ACTIVITY INFORMATION: *ACTUAL Expedition/Exploration Activity Location & Dates (start to finish)*

Location of Activity: _____

Activity Dates: ____ / ____ / ____ - ____ / ____ / ____

Days: _____ Nights: _____ *Must show at least 6-8 hours of Activity to Count as a Day

VALIDATOR INFORMATION:

Name: _____ Email: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) _____ (W)

Relationship: _____ Occupation: _____

Validator Comments: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____
Validator's Signature

Date: ____ / ____ / ____

