The Congressional Awa	ard Record Book
<u> </u>	
Level Applying For: Certificate Medal	Office Use Only:
Bronze Silver Gold	
Prior Awards:	
Date of Birth: / /	
	o k
(Please print or ty	
Name:	
Address:	
Phone: Street Address (H)	City, State, Zip (W)
Email:	(\\)
	of Study:
School:	UI Study.
Employed: YES NO If Yes:	Part-Time Full-Time
Employer:	
What I have gained by participating in the Congression	al Award:
My goals and requirements to earn a Congressional Av	ward have been achieved as stated herein
Signed:	Date:
ADVISOR INFORMATION:	
Name:	Email:
Address:	
Street Address	City, State, Zip
Phone: (H)	(W)
Relationship:Oc	cupation:
Advisor's comments concerning the candidate's partici	pation in the Congressional Award:
I certify that the candidate established goals in accorda satisfactorily completed all goals and requirements for	
Signed:	Date:
Advisor Signature	

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

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

Candidate:

VALIDATION OF ACTIVITY HOURS VOLUNTARY PUBLIC SERVICE

Describe your goal:

Describe your activities to achieve your goal:

Describe what you learned:

Signed:

Describe how you served the greater community at large:

Months of	Activi	ty (che	ck all th	at appl	ly below	v ₽)	Hours	s (only	report I	VEW ho	ours):	
YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
If your activities f	for this goa	al span mo	ore than fo	our years,	please co	py this pa	ge as nee	ded				
VALIDATO	RINF	ORMA	TION:									
Name:							Ema	il:				
Address:												
Phone:			Street A		H)		_			City, St	ate, Zip (W)	
Relationshi	n:			("	00011	action:				(**)	
	p					Occup	pation:					
Validator C	ommei	nts:										
I certify that	t the ho	ours, a	ctivities	s and g	goal as	stated	l above	e were	comple	eted by	the ca	Indidate

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.

Date:

Candidate:

VALIDATION OF ACTIVITY HOURS

Personal Development

Describe your goal:

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

Describe what you learned:

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:					
Phone:	(H)			City, State, Zip	(W)
Relationship:		Occupation:			
Validator Comments:					
I certify that the hours, activities and g	oal as s	stated above we	re complete	d by the car	ndidate:
Signed:	atura		Date:		
Validator's Sign	lature				

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

Candidate:

VALIDATION OF ACTIVITY HOURS

Physical Fitness

Describe your goal:

Describe your activities to achieve your goal:

Describe how your skill level changed:

Months of Activity (check all that apply below \mathbb{Q}) **Hours** (only report NEW hours):

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

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

VALIDATOR INFORMATION:			
Name:		Email:	
Address:			
Phone:	Address (H)		City, State, Zip (W)
Relationship:		Occupation:	
Validator Comments:			
I certify that the hours, activitie	s and goal a	s 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 two goals are allowed in Physical Fitness per level.

Candidate:

VALIDATION OF ACTIVITY HOURS

Expedition/Exploration

Describe your goal:

Describe your **planning/preparation** to achieve your goal:

How did this experience challenge you?

How were you immersed in an unfamiliar culture or surroundings?

Planning Dates :			Planning Hours:
ACTIVITY INFORMATION: AC	TUAL Expedition/Exploration	Activity Dates	
Activity Dates:			Evaluate as Gold Medal Level
Days: Nig	hts:		
VALIDATOR INFORMATI	ON:		
Name:		Email:	
Address:			
Phone:	Street Address (H)		City, State, Zip (W)
Pelationshin:		Occupation:	
Validator Comments:			

Validator's Signature

Candidate:

Expedition/Exploration

Directions: Use this form to record your Expedition/Exploration activities. This should include prepatory planning and training notes, your planned itinerary and a detailed day-by-day account of your activity. Remember, we can only review what is submitted. Be as detailed as possible about your experience and what you learned.

ENTRY (what you did) DATE

Make copies of this page as needed!