



SUFFOLK COUNTY LEGISLATURE

Distinguished Youth Award

Record Book

I am applying for:

Bronze Medal

Silver Medal

Gold Medal

Candidate Name: _____

Date of Birth: _____

Address: _____
Street Address City/State/Zip Code

Phone: _____ Social Media Handle: _____

Email: _____

Attending School: Yes No Year of Study: _____

School Name: _____

Employed: Yes No If Yes: Part-time Full-Time

Employer: _____

What I learned by participating in the Distinguished Youth Award program:

I affirm that my goals and requirements to earn a Distinguished Youth Award have been achieved as stated herein.

Participant Signature: _____

Date: _____

*Submit this Record Book after you have achieved your goals and completed the required hours.
(Please print legibly or type)*



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Candidate Name: _____

VOLUNTEER SERVICE VALIDATION OF ACTIVITY

Describe your Volunteer Service goal:

Describe the activities that you performed to achieve your Volunteer Service goal:

Describe what you learned from your Volunteer Service activities:

Describe how your service benefitted the community at large:



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Candidate Name: _____

VOLUNTEER SERVICE VALIDATION OF ACTIVITY HOURS					
Month	Week 1	Week 2	Week 3	Week 4	Total Hours Per Month
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Grand Total Hours					

VALIDATOR INFORMATION
(to be filled out by Validator)

Name: _____ Job Title: _____

Organization Name: _____

Address: _____
Street Address City/ State/ Zip Code

Phone: _____ Email: _____

Relationship to applicant: _____

Validator's Comments:

I certify that the candidate established goals in accordance with program guidelines and has satisfactorily completed all goals and requirements for the Distinguished Youth Award.
Participant Signature: _____ **Date:** _____

*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 the Volunteer Service category per submission.*



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Candidate Name: _____

PERSONAL DEVELOPMENT VALIDATION OF ACTIVITY

Describe your Personal Development goal:

Describe the activities you performed to achieve your Personal Development goal:

Describe what you learned:



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Candidate Name: _____

PERSONAL DEVELOPMENT VALIDATION OF ACTIVITY HOURS					
Month	Week 1	Week 2	Week 3	Week 4	Total Hours Per Month
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Grand Total Hours					

VALIDATOR INFORMATION
(to be filled out by Validator)

Name: _____ Job Title: _____

Organization Name: _____

Address: _____
Street Address City/ State/ Zip Code

Phone: _____ Email: _____

Relationship to applicant: _____

Validator's Comments: _____

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

Participant Signature: _____ **Date:** _____

*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 the Personal Development category per submission.*



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Candidate Name: _____

EXPLORATION VALIDATION OF ACTIVITY

How was this activity unique and unlike anything you have ever done before? How were you immersed in a different environment?

The exploration component of this challenge is about exploring a unique natural environment - how did you accomplish this? If you travel or camp frequently, how were these exploration activities different than your typical experience? How did you expand your horizons and learn about a unique natural environment in Suffolk County? How did this experience expand your comfort zone?



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Candidate Name: _____

EXPLORATION VALIDATION OF ACTIVITIES			
	Park Name	Town	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

VALIDATOR INFORMATION	
<small>(to be filled out by Validator)</small>	

Name: _____ Job Title: _____

Organization Name: _____

Address: _____
Street Address City/ State/ Zip Code

Phone: _____ Email: _____

Relationship to applicant: _____

Validator's Comments:

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

Participant Signature: _____ **Date:** _____



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Candidate Name: _____

PHYSICAL FITNESS VALIDATION OF ACTIVITY

Describe your Physical Fitness goal:

Describe the activities that you performed to achieve your Physical Fitness goal:

Describe how your skill level changed:

*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 the Physical Fitness category per submission.*



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Candidate Name: _____

PHYSICAL FITNESS VALIDATION OF ACTIVITY HOURS					
Month	Week 1	Week 2	Week 3	Week 4	Total Hours Per Month
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Grand Total Hours					

VALIDATOR INFORMATION
<small>(to be filled out by Validator)</small>

Name: _____ Job Title: _____

Organization Name: _____

Address: _____
Street Address City/ State/ Zip Code

Phone: _____ Email: _____

Relationship to applicant: _____

Validator's Comments:

I certify that the candidate established goals in accordance with program guidelines and has satisfactorily
Participant Signature: _____ **Date:** _____

*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 the Physical Fitness category per submission.*