

PARTICIPANT INFORMATION

FUTURE GENERATION

APPLYING FOR (SELECT ONE)

- BRONZE CERTIFICATE
- SILVER CERTIFICATE
- GOLD CERTIFICATE
- BRONZE MEDAL
- SILVER MEDAL
- GOLD MEDAL

First and Last Name

Phone and Email

Address

Date of Birth

School

Participant Signature

Date

ADVISOR INFORMATION

First and Last Name

Phone and Email

Address

Advisor Signature

Date

Are you a parent or relative of
the participant?

YES / NO

Advisor comments regarding

the participant's pursuit of
FUTURE GENERATION

I certify that the participant
established goals, completed
hours, and recorded the
activity stated herein.

Advisor Signature _____

Date _____

VOLUNTARY PUBLIC SERVICE

Name	
Whats your goal?	
Describe your activities to achieve your volunteer public service:	
Is there anything you want to talk about in your volunteer activities? Have there been any developments that have contributed to your voluntary service?	

TOTAL MONTHS for this goal:

TOTAL HOURS for this goal:

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2023												
2024												
2025												

VALIDATOR INFORMATION

First and Last Name	
Phone and Email	
Address	
Validator Signature	

Date	
Are you a parent or relative of the participant?	YES / NO
"VALIDATOR" comments regarding the participant's completion of the goal:	
I certify that the participant established goals, completed hours, and recorded the activity stated herein.	Validator Signature _____ Date _____

PERSONAL DEVELOPMENT

Name

Whats your goal?

Describe your activities to achieve your personal development section:

What did you learn and what were the things that contributed to your personal and spiritual development?

TOTAL MONTHS for this goal:

TOTAL HOURS for this goal:

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2023												
2024												
2025												

VALIDATOR INFORMATION

First and Last Name

Phone and Email

Address

Validator Signature

Date

Are you a parent or relative of the participant?

YES / NO

"VALIDATOR" comments regarding the participant's completion of the goal:

I certify that the participant established goals, completed hours, and recorded the activity stated herein.

Validator Signature _____

Date _____

PHYSICAL FITNESS

Name

Whats your goal?

Describe your activities to achieve your physical fitness:

How did your skill level change / advance?

TOTAL MONTHS for this goal:

TOTAL HOURS for this goal:

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2023												
2024												
2025												

VALIDATOR INFORMATION

First and Last Name

Phone and Email

Address

Validator Signature

Date

Are you a parent or relative of the participant?

YES / NO

"VALIDATOR" comments

regarding the participant's completion of the goal:

I certify that the participant established goals, completed hours, and recorded the activity stated herein.

Validator Signature _____

Date _____

EXPEDITION / EXPLORATION

Name	
Whats your goal?	
Provide a brief overview of your planned activities to achieve your goal:	
Location of Expedition/Exploration	
Trip or Camp Duration Days/Night	
Trip or Camp Dates:	___ / ___ / _____ - ___ / ___ / _____

VALIDATOR INFORMATION

First and Last Name	
Phone and Email	
Address	
Validator Signature	
Date	
Are you a parent or relative of the participant?	YES / NO
"VALIDATOR" comments regarding the participant's completion of the goal:	

I certify that the participant established goals, completed hours, and recorded the activity stated herein.

Validator Signature _____

Date _____

STATUS UPDATES

	3- Month Goals	6- Month Goals	9- Month Goals	12- Month Goals	PROGRESS
Personal Developments					ONGOING
Volunteer Activities					DONE
Physical Activities					STUCK
Expedition					

DONE ONGOING STUCK

NEXT STEPS

MEETING DATE AND TIME

Date	Time