

GOLD AWARD APPLICATION FORM



<i>For National Use Only</i>			
	Date	Signature/Initials	Signature/Initials
Received			
Approved			
Approval Sent to Division			
<i>For Divisional Use Only</i>			
Name of Division:	Prince Edward Island		
Received			
Approved			
Pin Mailed/Presented			

Applicant's Name:

Surname	First Name	Middle Name and/or initials
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Applicant's Mailing Address:

Address Line 1	Address Line 2	Province and Postal Code
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Date of Birth:	Age:	M/F:	Home Telephone:
M/D/Y			Cell Phone:
			Email Address:
			Alternate Email:

Certificate in English/French (E / F)

Leader's Name:	Email:
Leader's Address:	
Tel:	

(please circle one) : Group / Independent If Group, Name of Group: _____

***If you are an independent, the Award will be returned to the address specified under Applicant's Mailing Address. If you are a member of a group, your Award will be returned to your Leader's Address as specified above.**

Original date of entry into the programme: _____
 Direct Entry Gold (please check one): Yes: No:

Completion Dates (as applicable):

Bronze: _____ Silver: _____ Gold: _____

SUMMARY OF ACTIVITIES UNDERTAKEN AT THE GOLD LEVEL
(Dates must agree with the dates in your record book)

1.SERVICE:

Date started: _____ Date Completed: _____ Total Number of Hours: _____

Training (Certificate or level achieved): _____

Practical service performed: _____

2. ADVENTUROUS JOURNEY / EXPEDITION / EXPLORATION:

Adventurous Journey: Expedition: Exploration:

Date Started: _____ Date Completed: _____ Distance Covered: _____

Duration (# of nights out and hours per day): _____

Method of travel (e.g. hike/bike/canoe): _____

Location: _____

Date of Approval from Division Director (for explorations and adventurous journeys only): _____

3.SKILL :

Date started: _____ Date Completed: _____

Certificate, level or degree of proficiency: _____

Describe Activity: Drivers Education. _____

4.FITNESS:

Date started: _____ Date Completed: _____

Total # of Hours: _____ Number of Weeks: _____

Activity(ies): _____

5.RESIDENTIAL PROJECT:

Date started: _____ Date Completed: _____

Location: _____

Describe activity(ies): _____

