

# Virtual Award Program Enrollment Form

(Requires Signature - Parent (minors) & Participant)





## Virtual Award Program Enrollment Form

(completed along with parent/guardian)

Today's Date \_\_\_\_\_

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_  I am over the age of 18.

School Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

*If different than Participant's address:*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applying to enroll in (circle one):

Bronze    Silver    Gold

I have completed an Award:

Bronze, Year \_\_\_\_\_ Location/Award Unit \_\_\_\_\_

Silver, Year \_\_\_\_\_ Location/Award Unit \_\_\_\_\_

Gold, Year \_\_\_\_\_ Location/Award Unit \_\_\_\_\_

### Virtual Award Program Details

#### Requirements and Conditions

- I understand that I cannot participate in the Award until this form has been completed and returned to Award USA with the applicable registration fee, and has then been processed and accepted by the Award.

- I understand that any activities in which I engage are voluntary and that the responsibility for all risks arising from participation in activities toward earning the Award is placed solely upon myself, my guardian, and the organizations delivering said activities.
- I understand that upon acceptance into the Virtual Award Program, my Virtual Award Leader will grant me access to the Online Record Book (ORB). I will heed the advice and guidance of the Virtual Award Leader before starting activities in relation to the Award. I understand that my Award Leader has the discretion to determine whether the Award requirements have been met and therefore whether a Bronze, Silver or Gold Award should be issued.
- I understand that I cannot begin any section of the Award until my Virtual Award Leader is satisfied that any volunteer I nominate as an Assessor is suitably experienced and/or qualified to instruct/supervise/assess that section of the Award.
- I understand that completion of the Adventurous Journey section is **my responsibility to fund and secure**.
- I understand that annually Award USA has Registered Activity Providers (RAPs) who offer “camp-style” Adventurous Journeys. Those Adventurous Journeys (AJ) will last 7-11 days and include all requirements of the AJ: training, practice, and qualifying journey. These AJs are not sponsored by Award USA but by our commercial partners. I understand that enrollment in one of those Adventurous Journeys will be scheduled through the RAP, not through Award USA.
- I understand that Award USA determines final approval for my Award and will disburse any certificates and medals earned.
- I consent to and understand that photographs or other materials that I submit to Award USA of my activities related to the Award may be used for promotional purposes *provided an appropriate release form* has been signed by both myself and my parent/guardian, if applicable.
- I understand that Award USA is committed to respecting my privacy and will not share any personal information with outside parties without my written consent and that of my guardian.
- I agree to complete and submit a total of 4 online surveys throughout my Award program, to provide Award USA and the International Foundation with valuable feedback on my Award journey.
- I understand that Award USA does offer **financial assistance** for the Participant Registration Fee and for activities within each of the Award sections, including the Adventurous Journey. If necessary, I will contact Award USA for the financial assistance application.

\_\_\_\_\_  
Award Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Please submit this form, in an email titled 'VAP Registration', by deadlines as expressed during Participant webinars to*

[info@usaward.org](mailto:info@usaward.org)

# Communications Policy & Agreement

(Requires Signature - Parent (minors) & Participant)



## Virtual Award Program Communications Policy and Agreement

(completed along with parent/guardian)

The Duke of Edinburgh's International Award is the world's leading youth development program. Every year, over a million young people embark on a journey of self-discovery and personal development. The Award Leader is the most important resource within the Award for ensuring that Participants gain our intended outcomes. The Award Leader is skilled at motivating and inspiring young people to becoming more independent, compassionate, and confident global citizens. Consistent communication between the Award Leader and the Participant is vital to the Participant's success in the Award.

### I. **Communication between Award Leaders and Participants**

- a. The Participant should have their own email address through which to communicate with their Award Leader.
  - i. A school-sponsored email address is ideal, but a personal account is acceptable.
- b. The Participant should respond to his/her Award Leader within 48 hours. Likewise, the Award Leaders should respond to the Participant's queries within 48 hours.
- c. The Participant should bring any and all questions about the program to their Award Leader.
- d. Every scheduled Zoom meeting is mandatory.

### II. **Communication between Award Leaders and Parents/Guardians**

- a. Parents and guardians will be copied to the email introducing the Award Leader and Participant.
- b. At a parent's or guardian's request, an introduction phone or Skype call may be scheduled between the Award Leader and the guardian, separate from the Participant.
  - i. Parents are encouraged to check in with their child (the Participant) about their progress toward achieving their Award and the mentoring relationship that the Participant has developed with his/her Award Leader.
  - ii. Virtual Award Program Award Leaders are volunteers; please understand that they may not be immediately available to respond to emails and phone calls, but will do so within 48 hours.
- c. The Parent or Guardian may bring questions and concerns to the Award Leader, **BUT** in order to establish a mentoring rapport, communication is primarily between the Award Leader and the Participant.

## AGREEMENT

- We understand that the Award Leader approves all Sections of the Award and the overall Award. The Award Leader reserves the right not to approve an Award that does not meet the standards of the Duke of Edinburgh's International Award and has been communicated to the Participant throughout his/her Award program.
- We understand that if the Participant fails to communicate with his/her Award Leader for a 2-week period, he/she may be marked inactive and removed from participation in the Virtual Award program.
- We understand that if the Participant misses more than 3 Zoom meetings within a 3-month period, or more than 5 over the course of the entire Award journey, they may be marked inactive and removed from Participation in the Virtual Award program.
- We understand that if the Participant is removed from the Virtual Award Program, he/she would be eligible to finish the Award level at any point before his/her 25<sup>th</sup> birthday following the guidelines for the program at that time; if so, he/she will be added back to the VAP waitlist for a new Award Leader.

\_\_\_\_\_  
Award Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Award Leader Signature

\_\_\_\_\_  
Date

# Online Record Book Parental Consent

(Requires Signature - Parents of minors)



## Parent/guardian consent form

This form **must** be completed for applicants **under 18 years of age/the national age of legal responsibility in the country in which you live.**

### To be completed by the parent/guardian

I, .....[full name of parent/guardian]

of .....

.....  
[home address]

Locale/territory/county ..... Postcode/zip code .....

Phone (home) ..... (mobile) .....

Email .....

am the parent/guardian of .....

[full name of applicant named in application form]. I consent to him/her participating in the Award in:

.....  
[name of Award Operator] under the supervision of:

.....  
[name of Award Unit (eg school/organisation/group)] and to him/her undertaking activities to fulfil the requirements of The Duke of Edinburgh's International Award.

### Requirements and conditions

1. I understand that the participant cannot participate in the Award until this form has been completed (including parent/guardian consent) and returned to the relevant Award Operator with the applicable registration fee, and has then been accepted by the Award Unit.
2. I consent to the Award Unit and any other individuals, including volunteers\*, who are involved in or assist in organising the Award, and hired transportation drivers, transporting the participant for the purpose of participating in activities or functions related to the Award, as required. I understand that the Award Unit will notify me in advance of when and where such travel will occur.
3. I understand that certain activities are considered high-risk and that high-risk activities may not be covered by the insurance arrangements of the Award Operator. I understand that the responsibility for all risks arising from the participant's participation in the Award is placed solely upon the participant.
4. I authorise employees, officers or agents of the Award Unit and any other individuals who participate in, are involved in or assist in organising the Award, in the event of any accident, injury, illness or loss suffered by the participant whilst participating in, or travelling to and from, any activities or functions related to the Award, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.



5. I consent to pay all such doctors, nurses or hospital accommodation fees and expenses incurred on behalf of the participant as a result of any such accident, injury, illness or loss suffered by the participant whilst participating in, or travelling to and from, any activities or functions related to the Award.
6. I consent to and understand that photographs may be taken of the participant participating in certain activities related to the Award and such photographs may be used for promotional purposes provided an appropriate release form has been signed by both the participant and their parent/guardian.
7. I have read and understood the different levels and requirements of the Award as set out in the Outline of the Award (page 5 of this form).
8. I understand every participant must participate in the Award through an Award Unit who has the discretion to accept or reject participants and proposed activities to be undertaken as part of the Award.
9. I understand that the participant cannot commence any particular section of the Award until I have satisfied myself that any volunteer nominated by the participant, who is not an employee of the Award Unit, is suitably experienced and/or qualified to instruct/supervise/assess that section of the Award; and until any relevant volunteers have completed and returned required documentation to the Award Unit.
10. I understand that upon acceptance into the Award by the Award Unit, the participant will receive a Record Book or gain access to the Online Record Book (ORB). The participant will read the requirements of the Award contained in the Record Book or ORB prior to starting activities in relation to the Award. I understand that the Award Unit has the discretion to determine whether the Award requirements have been met and therefore whether a Bronze, Silver or Gold Award should be issued. I understand that the Award Operator may provide participants with limited insurance in respect of personal accident and public liability insurance starting upon acceptance into the Award by the Award Unit, but that the responsibility for obtaining and maintaining personal accident cover lies with the participant/and their parent/guardian.
11. I understand that:
  - a. a participant must not drive a motor vehicle or transport other participants participating in activities related to the Award unless the participant holds an appropriate and valid driving licence and there is appropriate third party insurance in place to cover any person injured as a consequence of the participant's driving; and
  - b. a participant must not be driven by any individual who is not involved in or assisting in organising the Award for the purposes of participating in the Award unless the individual holds an appropriate and valid driving licence and there is appropriate third party insurance in place to cover any person injured as a consequence of the individual's driving.
12. I understand that participants are required to comply with the Award requirements contained in the Record Book or ORB, the policies and standards of behaviour of the relevant Award Operator (as amended from time to time) and requirements of the Award Unit in relation to emergency plans, assessment of activities and the conduct of Adventurous Journeys related to the Award, and understand that the Award Unit may withdraw its approval to the participant's participation in the Award if they do not comply.
13. I consent to the provision of any personal information that I have provided (including participant data) to the Award Unit and Award Operator. I consent to this information being treated in accordance with the provisions of the privacy policy of the relevant Award Operator (as amended from time to time), the National Privacy Principles contained in the Data Protection Act (UK) 1998 (or any locally equivalent policy or act), and any other privacy legislation, standards, guidelines or instructions binding on them under privacy legislation.
14. The Award Operators are committed to respecting your privacy. Personal information is collected on this form for the purpose of participating in the Award. Participants who do not provide this information to us cannot participate in the Award (note that this does not apply to non-provision of participant data). We may also use your personal information to send you information about other Award activities or events which we believe may be of interest to you. We may disclose this information to other local or international organisations and service providers who assist us in the operation and administration of the Award. If you

would like to contact us or access your personal information please write to the Award Operator. You may also contact the Award Operator to request a copy of their privacy policy.

Please ✓ if accepted:

I have read, understood and agree to comply with, the requirements and conditions of the participant's participation in the Award, as described above or on the website of my Award Operator.

Parent/guardian signature ..... Date .....

The Award Unit agrees to accept the above mentioned as a participant of the Award according to the requirements and conditions as described above or on the website of Award Operator.

Signed on behalf of the Award Unit:

Co-ordinator name .....

Signature ..... Date .....

**Please return the completed form and registration fee payment to the Award Unit.**

\*For the purposes of the Award, and therefore this document, a 'volunteer' means anyone over the age of 18 who assists with the Award, either in a paid or unpaid capacity. This includes all co-ordinators, Award Leaders, Assessors and supervisors.

## Outline of the Award

The Award has three levels: Bronze, Silver and Gold. Each of these levels is made up of four Sections: Physical Recreation, Skills, Service and Adventurous Journey. The Gold Award has an additional requirement – a Residential Project. All participants in the Award must be registered with an Award Unit. The Award Unit must approve activity assessors prior to participants undertaking any Award activities with them.

Participants design their own programme by selecting activities that interest them and then set their goals according to the following minimum requirements (summarised in the table below).

BRONZE	
Physical Recreation	3 months*
Skills	3 months*
Service	3 months*
Plus	All participants must complete another three months in either Physical Recreation or Skills or Service
Adventurous Journey	2 days + 1 night**
SILVER	
Physical Recreation	6 months*
Skills	6 months*
Service	6 months*
Plus	Participants who have not achieved a Bronze Award must complete an additional six months in either Physical Recreation or Skills or Service
Adventurous Journey	3 days + 2 nights**
GOLD	
Physical Recreation	12 months*
Skills	12 months*
Service	12 months*
Plus	Participants who have not achieved a Silver Award must undertake an additional six months in either Physical Recreation or Skills or Service
Adventurous Journey	4 days + 3 nights**
Residential Project	5 days + 4 nights

\* These are **minimum** time requirements and are expressed in whole months, during which there should be **regular commitment**. As a guide, regular time commitment is at least one hour per week or two hours per

fortnight. In the case of Service, this may be four hours per month (in block time periods) dependent on Award Leader approval. Award participants are encouraged to continue their activities beyond the minimum time.

\*\* Satisfactory completion of the Adventurous Journey section includes training and preparation appropriate for the journeys being undertaken and at least one practice journey of a similar nature and duration to the qualifying journey.

1. Any young person aged 14 to 24 can become an Award participant.
2. At Bronze level, if a person is 13 and 9 months, but is part of a peer group where the majority are 14 years or older, then some discretion is given to the Award Unit to allow that young person to start their Bronze Award with the rest of the group.
3. A person may start Silver at 14 and 9 months if they have completed their Bronze Award. In practice, this means that participants who are given concession to start Bronze or Silver early will need to wait longer to receive their Award.
4. Participants who start their Bronze or Silver Award slightly earlier will need to wait until they meet the minimum age for completion before they can claim their Award.
5. No activity undertaken before a participant's 16th birthday may be counted towards a Gold Award.
6. Please contact your local Award office if you have any questions about age range and start the Award prior to 14 years of age.
7. The Award must be completed by the participant's 25<sup>th</sup> birthday.
8. Parent/guardian consent is required for participants under 18 years.
9. All participants must sign the participant agreement.
10. The standards of achieving an Award are individual effort, perseverance and progress.
11. The Award is to be completed substantially in the participant's own time.

# Participant Questionnaire





## Participant Questionnaire Virtual Award Program

**Please answer the following questionnaire fully and honestly. There are no right or wrong answers. The purpose of gathering this information is simply to help your Award Leader get to genuinely know you.**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_ Gender \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name and City, State \_\_\_\_\_ Date of Birth \_\_\_\_\_

I have access to the following media on a regular basis

- Phone  Text  Email  Internet

Languages Spoken \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

*If different than Participant's address:*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Occupation(s): \_\_\_\_\_

**Participating in** (circle one):

Bronze Silver Gold

**Previously completed Awards** (circle all that apply):

Bronze Silver Gold Year(s) \_\_\_\_\_ Location(s) \_\_\_\_\_

**Race** (optional)

- White / Caucasian  
 Black / African-American  
 Asian / Pacific Islander  
 Native American / Alaska Native

**Ethnicity** (optional)

- Hispanic  
 Non-Hispanic  
 Arab

## Personality and Interests

Please select the 5 words that best describes you:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cheerful       | <input type="checkbox"/> Open-minded                  | <input type="checkbox"/> Active        |
| <input type="checkbox"/> Thoughtful     | <input type="checkbox"/> Anxious                      | <input type="checkbox"/> Creative      |
| <input type="checkbox"/> Dependable     | <input type="checkbox"/> Self-motivated               | <input type="checkbox"/> Easy-Going    |
| <input type="checkbox"/> Always on time | <input type="checkbox"/> Likes to be around<br>people | <input type="checkbox"/> Great talker  |
| <input type="checkbox"/> Patient        | <input type="checkbox"/> Sensitive                    | <input type="checkbox"/> Absent-Minded |
| <input type="checkbox"/> Shy            | <input type="checkbox"/> Good listener                | <input type="checkbox"/> Fair          |
| <input type="checkbox"/> Organized      | <input type="checkbox"/> Passionate                   | <input type="checkbox"/> Spontaneous   |
| <input type="checkbox"/> Leader         |   | <input type="checkbox"/> Planner       |

Do you prefer working with:

- People
- Information (e.g. computer data)
- Things (e.g. tools, cars)

Please explain why: \_\_\_\_\_

Rank each of the following according to your interests:

**1 = interested**

**2 = somewhat interested**

**3 = interested**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Reading      | <input type="checkbox"/> Dance                               |
| <input type="checkbox"/> Art projects | <input type="checkbox"/> Singing                             |
| <input type="checkbox"/> Gaming       | <input type="checkbox"/> Animals                             |
| <input type="checkbox"/> Coding       | <input type="checkbox"/> Outdoor activities                  |
| <input type="checkbox"/> Movies       | <input type="checkbox"/> Fashion                             |
| <input type="checkbox"/> Acting       | <input type="checkbox"/> Music projects                      |
| <input type="checkbox"/> Stage set up | <input type="checkbox"/> Sports                              |
| <input type="checkbox"/> Museums      | <input type="checkbox"/> Improvisation                       |
| <input type="checkbox"/> Instruments  | <input type="checkbox"/> Collecting (e.g. collector's cards) |

List the classes you are taking this year \_\_\_\_\_

In which classes do you do well? \_\_\_\_\_

What are the extracurricular activities in which you participate? \_\_\_\_\_

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In which activities do you participate during your free time (informal activities)? \_\_\_\_\_

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What do *other people* tell you that you are good at? \_\_\_\_\_

---

What do *you* think you are good at? \_\_\_\_\_

---

What do you like most about yourself? \_\_\_\_\_

---

What are areas in which you struggle? \_\_\_\_\_

---

Who do you look up to or admire? *Why*? \_\_\_\_\_

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