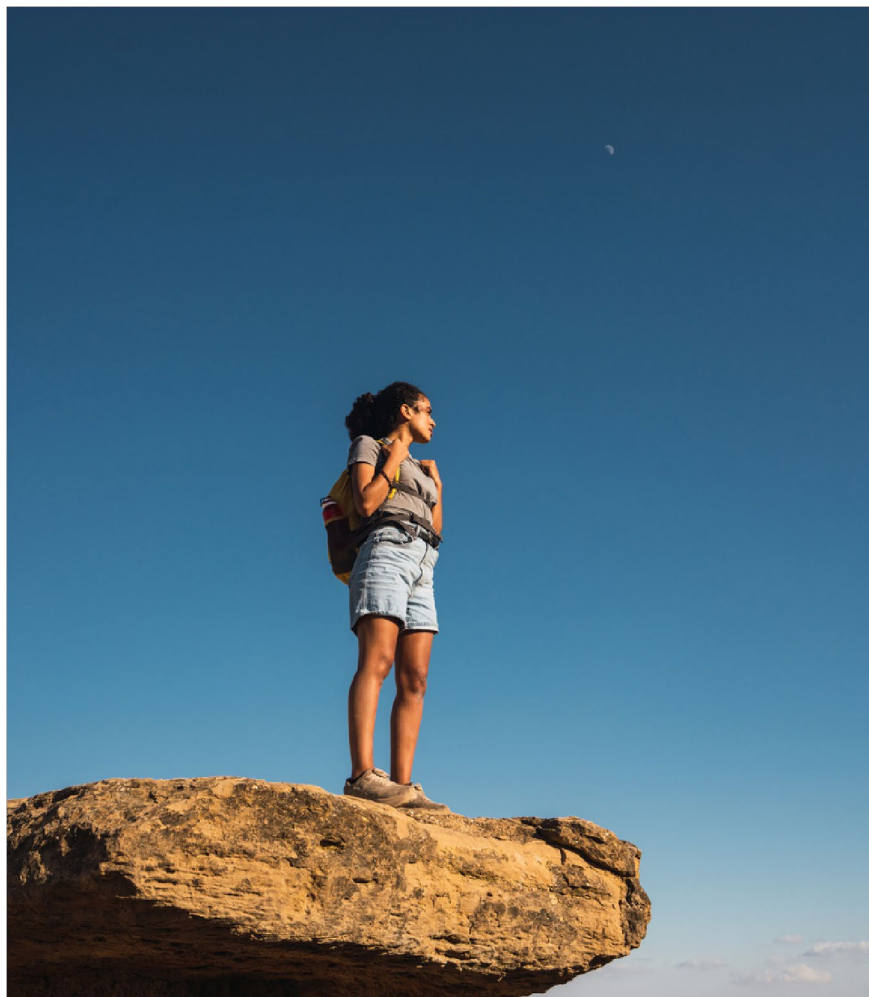


INDEPENDENT ADVENTUROUS JOURNEY APPLICATION

THE DUKE OF
EDINBURGH'S
INTERNATIONAL
AWARD USA



I. Independent Adventurous Journey Application Packet Overview

The Independent Adventurous Journey (AJ) is available to virtual Participants or those unable to join an AJ offered by their Award Center. In order to ensure that all trips adhere to the 10 Requirements for an Adventurous Journey as outlined in the [Participant Handbook](#), we require this application packet to be submitted to your Award Leader. **Please note that your application packet requires multiple signatures to be complete.** Your completed application packet will be one file which will include the following:

1. *Participant application submission:* One per team, with all Award Participants signing the Participant agreement.
2. *Parent/Guardian Consent submission(s) for Participants under age 18:* One required for each Award Participant under age 18.
3. *AJ Supervisor application submission:* One per team.
4. *AJ Assessor application submission:* One per team.

Please submit your application packet to your Award Leader(s) as one file at least **4 weeks** in advance of your planned experience. Applications without all required signatures will not be accepted.

After completing your Adventurous Journey, you are required to upload the following documents to the Online Record Book as evidence of your Independent Adventurous Journey:

1. AJ Report (see instructions in the Participant Handbook)
2. [AJ Activity Plan](#)
3. [AJ Route Cards](#)

II. Participant Application Submission

First Name:

Last Name:

Award Level:

Participant's Age:

Please provide a general overview of your Adventurous Journey. Include the team goal and mode(s) of transportation, e.g. backpacking, kayaking, etc:

Detail the training and preparation you will do:

Detail the Practice Journey, including anticipated dates and location:

Detail the Qualifying Journey, including anticipated dates and location:

Do you have a team of 4-7 peers (8 if doing a tandem activity) to partake in the AJ with you?

Are any of your teammates also Award Participants? Please list names and levels if applicable.

AJ Supervisor First Name:

AJ Supervisor Last Name:

What are the Supervisor's qualifications to oversee an Adventurous Journey?

What is your relationship to the Supervisor?

AJ Assessor First Name:

AJ Assessor Last Name:

What are the Assessor's qualifications to oversee an AJ?

What is your relationship to the Assessor?

Participant Agreements

As a Participant of The Duke of Edinburgh's International Award USA, I will uphold the integrity of the Award program while planning and participating in an Independent Adventurous Journey. I understand that this will be a substantial undertaking without the assistance of an Activity Provider or a certified Award Center.

I have reviewed the 10 Requirements for the Adventurous Journey and the [Participant Handbook](#) in their entirety and have shared all relevant information with the AJ Supervisor and Assessor identified in this application. I understand that it is within the power of my Award Leader and Award USA to approve or deny my final Independent Adventurous Journey submission to the Online Record Book (ORB) if there is evidence that it was not within the 10 Requirements for an Adventurous Journey, as set forth by The Duke of Edinburgh's International Award USA.

I consent to share general details about my Adventurous Journey (location, mode(s) of transportation, team goal, dates, provider if applicable) with other Award Participants, and want to be contacted if another Participant is interested in joining.

Participant 1 Name:

Participant 1 Signature:

Participant 1 Date:

Participant 2 Name:

Participant 2 Signature:

Participant 2 Date:

Participant 3 Name:

Participant 3 Signature:

Participant 3 Date:

III. Parent/Guardian Consent Submission for Participants under age 18

Parent/Guardian First Name:

Parent/Guardian Last Name:

Parent/Guardian Email Address:

Award Participant First and Last Name:

Declaration:

I agree to have the AJ Supervisor and Assessor named in my Participants Independent AJ Application present during the training and preparation, practice journey, and/or qualifying journey with my Participant. I will not hold The Duke of Edinburgh's International Award USA and/or its staff liable in case of accident, injury, and loss or damage of property in connection with the Independent Adventurous Journey. This includes any incidents, which may occur before, during, on the way to, or on the way from the trips.

As the parent/guardian of an Award USA Participant, I have reviewed the [Participant Handbook](#) and agree to support my Participant in executing the requirements laid out therein.

I consent to general details about my child's Adventurous Journey (location, mode(s) of transportation, team goal, dates, provider if applicable) being shared with other Award Participants, and want to be contacted if another Participant is interested in joining.

Name:

Signature:

Date:

IV. AJ Supervisor Application Submission

AJ Supervisor First Name:

AJ Supervisor Last Name:

AJ Supervisor Email Address:

Award Participant(s) First and Last Name(s):

Declaration:

As the Supervisor for the Independent Adventurous Journey, I will uphold the integrity of the Award program while planning and overseeing the journey. I have reviewed the 10 Requirements for the AJ and the [Participant Handbook](#) in their entirety and agree to fulfill all elements of the Supervisor role described therein, including executing all requirements of the Adventurous Journey as I am able. I certify that I am qualified for this role.

I agree to [Award USA's Safeguarding Policy and Volunteer Code of Conduct](#).

I agree to be involved with the training and preparation, and present for the practice journey and qualifying journeys with the Participant(s). I will not hold The Duke of Edinburgh's International Award USA and/or its staff liable in case of accident, injury, and loss or damage of property in connection with the Independent Adventurous Journey. This includes any incidents, which may occur before, during, on the way to, or on the way from the trips.

Name:

Signature:

Date:

V. AJ Assessor Application Submission

AJ Assessor First Name:

AJ Assessor Last Name:

AJ Assessor Email Address:

Award Participant First and Last Name:

Declaration:

As the Assessor for the Independent Adventurous Journey, I will uphold the integrity of the Award program while overseeing the journey. I have reviewed the 10 Requirements for the AJ and the [Participant Handbook](#) in their entirety, and agree to fulfill all elements of the Assessor role described therein, including executing all requirements of the Adventurous Journey as I am able. I certify that I am qualified for this role.

I agree to [Award USA's Safeguarding Policy and Volunteer Code of Conduct](#).

I agree to be present for the qualifying journey with the Participant(s). I will not hold The Duke of Edinburgh's International Award USA and/or its staff liable in case of accident, injury, and loss or damage of property in connection with the Independent Adventurous Journey. This includes any incidents, which may occur before, during, on the way to, or on the way from the trips.

Name:

Signature:

Date: