

Participant Name: _____

Award Unit : _____

SILVER RECORD BOOK

YOUR LOG TO TRACKING YOUR DUKE OF ED ACTIVITIES



INTRODUCTION

Congratulations on starting your Silver Award. This is your Silver Record Book where you will track and log all of your activities and hours as you complete your journey to achieving the Duke of Ed Award.

The following pages contain the Record Keeping part of your Participant Handbook. It is to be used to record your progress through your Duke of Ed experience. If you have any questions, contact your local Award Office.

As you undertake your Award Journey, remember to bring these sheets with you to your activities so your Assessors can sign off.

On the next page you will find a progress checklist and helpful tips to keep in mind when completing your Silver Award. Good luck!

PARTICIPANT INFORMATION

Participant Name (Please Print): _____

Address: _____

Postal Code: _____

Phone Number: _____

Email: _____

Date of Birth: _____
(MM/DD/YYYY)

Award Unit Name (if any): _____

Award Leader Name: _____

Award Leader email: _____

Provincial / Divisional Duke of Ed Office: _____

SILVER AWARD CHECK LIST

Use the form below to track your progress through the Award. If you are a Direct Entrant to Silver (you didn't complete the Bronze Award) an additional 26 weeks is required in either Service, Skill or Physical Recreation. These extra weeks will be your Major. Please select below which Award section will be your Major.

| | Requirements | Started | Completed | Major |
|-----------------------------|----------------|--------------------------|--------------------------|--------------------------|
| Service: | 26 or 52 weeks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skill: | 26 or 52 weeks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Recreation: | 26 or 52 weeks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adventurous Journey: | | | | |
| Practice trip | 2 days 1 night | <input type="checkbox"/> | <input type="checkbox"/> | |
| Qualifying trip | 2 nights out | <input type="checkbox"/> | <input type="checkbox"/> | |

Award Start Date: _____ Award Completed Date: _____
MM / DD / YYYY MM / DD / YYYY

Date started logging activities: _____
MM / DD / YYYY

THINGS TO REMEMBER

- If you or your Assessor require additional room for filling in reports, you may attach a sheet to this log book. Please make sure to indicate which section the additional details are for.
- Remember to always bring these sheets with you when you complete your activities so your Assessor can sign off and initial that you completed the activities.
- Make sure you indicate which section will be your Major!
- Have fun! The Duke of Ed is your own personal challenge and journey!

TIPS FOR SUBMITTING YOUR COMPLETED SILVER RECORD LOG

- You must download the Silver Award submission form (which can be found at www.dukeofed.org/resources) and include it with your submission package when sending this completed Record Book to your local Award Office. Please refer to page 53-55 in your Participant Handbook for more details on what is required when submitting your Duke of Ed Award for approval.
- Once you have completed your Award and all of your logs are complete and have been signed off by your Assessor, mail (or drop off in person) your completed Record Book to your local Award office. See page 57 in your Participant Handbook for a list of offices.
- If you are going to continue on your Duke of Ed journey and challenge yourself to complete the Gold Award, be sure to include your registration and payment for the next level, when submitting your Silver Award.

SECTION 1: SERVICE

Participants must complete a minimum of **26 weeks and 26 consistent hours (one hour per week)**. If you are a Direct Entrant to Silver and this is your Major, a minimum of 52 weeks and 52 consistent hours (one hour per week) is required.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

List Service Activities: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

Note that Start and End dates must be at least 26 weeks apart. (52 weeks for 'major' emphasis)

Total Hours: _____

Total Weeks: _____

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Give details of practical service given, training completed, any qualifications gained and general performance). If more room is needed, please attach an additional page.

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this Participant has made a regular commitment, acquired the necessary understanding and, where applicable, taken part in introductory training.

Date: _____
(MM/DD/YYYY)

Signature: _____

RECORD KEEPING: SERVICE

(Aim to spend one hour per week minimum)

Pick a service activity or a variety of initiatives that interest you. Give meaningful, regular, practical service. Participants must complete a **minimum of 26 weeks and 26 consistent hours (one hour per week)**. If this is your Silver Major, a minimum of 52 weeks and 52 consistent hours (one hour per week) is required. Make a **REAL contribution to others! Challenge yourself to be a responsible, caring member of your community! Aim to spend one hour per week minimum.**

For more information, please refer to pages 12-13 in the Participant Handbook.

| WEEK | DATE (MM/DD/YYYY) | HOURS | SERVICE PROVIDED TO | TYPE OF SERVICE | ASSESSOR'S SIGNATURE |
|------------|----------------------|----------|------------------------|----------------------------|-------------------------|
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>School</i> | <i>Food Bank Volunteer</i> | |
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SECTION 1: SILVER MAJOR

If the Service Section will be your Major, please track your additional 26 weeks below.

| SILVER MAJOR RECORD LOG – WEEKS 27-31 | | | | | |
|---------------------------------------|----------------------|----------|------------------------|----------------------------|-------------------------|
| WEEK | DATE (MM/DD/YYYY) | HOURS | SERVICE PROVIDED TO | TYPES OF SERVICE | ASSESSOR'S SIGNATURE |
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>School</i> | <i>Food Bank Volunteer</i> | |
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SECTION 1: SILVER MAJOR CONTINUED

| SILVER MAJOR RECORD LOG – WEEKS 32-52 | | | | | |
|---------------------------------------|----------------------|----------|------------------------|----------------------------|-------------------------|
| WEEK | DATE (MM/DD/YYYY) | HOURS | SERVICE PROVIDED TO | TYPES OF SERVICE | ASSESSOR'S SIGNATURE |
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>School</i> | <i>Food Bank Volunteer</i> | |
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SECTION 2: PHYSICAL RECREATION

Participants must complete a minimum of **26 weeks and 26 consistent hours (one hour per week)**. If you are a Direct Entrant to Silver and this is your Major, a minimum of 52 weeks and 52 consistent hours (one hour per week) is required.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

List Physical Recreation Activities: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

Note that Start and End dates must be at least 26 weeks apart. (52 weeks for 'major' emphasis)

Number of weeks: _____

Number of hours: _____

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Give details of practical service given, training completed, any qualifications gained and general performance). If more room is needed, please attach an additional page

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this Participant has shown an improvement in performance and has acquired a knowledge of rules, safety precautions and an appreciation of hazards involved.

Date: _____ Signature: _____
(MM/DD/YYYY)

RECORD KEEPING: PHYSICAL RECREATION

(Aim to spend one hour per week minimum)

Pick a physical activity, or several, that interest you. Set challenging, realistic goals to achieve. Demonstrate regular commitment, progress and improvement. Participants must complete **a minimum of 26 weeks and 26 consistent hours (one hour per week)** or if this is your Silver Major, a minimum of 52 weeks and 52 consistent hours (one hour per week) is required. **Challenge yourself to improve your performance and fitness! Aim to spend one hour per week minimum.**

For more information, please refer to pages 17-18 in the Participant Handbook.

| WEEK | DATE (MM/DD/YYYY) | HOURS | ACTIVITIES | ASSESSOR'S SIGNATURE |
|------------|----------------------|----------|-------------------|-------------------------|
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>Volleyball</i> | |
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SECTION 2: SILVER MAJOR

If the Physical Recreation Section will be your Major, please track your additional 26 weeks below.

| SILVER MAJOR RECORD LOG – WEEKS 27-30 | | | | |
|---------------------------------------|----------------------|----------|-------------------|-------------------------|
| WEEK | DATE (MM/DD/YYYY) | HOURS | ACTIVITIES | ASSESSOR'S SIGNATURE |
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>Volleyball</i> | |
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SECTION 2: SILVER MAJOR CONTINUED

| SILVER MAJOR RECORD LOG – WEEKS 31-52 | | | | |
|---------------------------------------|----------------------|----------|-------------------|-------------------------|
| WEEK | DATE (MM/DD/YYYY) | HOURS | ACTIVITIES | ASSESSOR'S SIGNATURE |
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>Volleyball</i> | |
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SECTION 3: SKILL

Participants must complete a minimum of **26 weeks and 26 consistent hours (one hour per week)**. If you are a Direct Entrant to Silver and this is your Major, a minimum of 52 weeks and 52 consistent hours (one hour per week) is required.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Skill Selected: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

Note that Start and End dates must be at least 26 weeks apart. (52 weeks if chosen for 'major' emphasis)

Total number of weeks: _____ Total number of hours: _____

Goal: _____
I.E. CERTIFICATE OR SPECIAL QUALIFICATION, SPECIFIC TASK TO BE COMPLETED, ETC.

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

**Assessor's Report: (Give details of regular effort and improvement made).
If more room is needed, please attach an additional page**

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this Participant has shown individual progress and sustained interest and given a substantial commitment of voluntary time.

Date: _____
(MM/DD/YYYY)

Signature: _____

RECORD KEEPING: SKILL

(Aim to spend one hour per week minimum)

Pick one hobby or skill that interests you. **Remember it must be passive and non athletic in nature!** Set challenging, realistic goals to achieve. Demonstrate regular commitment, progress and improvement. Participants must complete **a minimum of 26 weeks and 26 consistent hours (one hour per week)** or if this is your Silver Major, a minimum of 52 weeks and 52 consistent hours (one hour per week) is required. **Challenge yourself to improve your skills and widen your personal interests!**

For more information, please refer to pages 14-16 in the Participant Handbook.

| WEEK | DATE (MM/DD/YYYY) | HOURS | Any special achievements or attainment of a goal (ie Photography: produced i-book or scrapbook) | ASSESSOR'S SIGNATURE |
|------|----------------------|-------|--|-------------------------|
| EG: | 06/16/2017 | 1 | Mastered the G chord on guitar | |
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SECTION 3: SILVER MAJOR

If the Skill Section will be your Major, please track your additional 26 weeks below.

| SILVER MAJOR RECORD LOG – WEEKS 27-52 | | | | |
|---------------------------------------|----------------------|----------|--|-------------------------|
| WEEK | DATE (MM/DD/YYYY) | HOURS | Any special achievements or attainment of a goal (ie Photography: produced i-book or scrapbook) | ASSESSOR'S SIGNATURE |
| <i>EG:</i> | <i>06/16/2017</i> | <i>1</i> | <i>Mastered the G chord on guitar</i> | |
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SECTION 4: ADVENTUROUS JOURNEY

For more information, please refer to pages 19-26 in the Participant Handbook.

PRELIMINARY TRAINING:

PRELIMINARY TRAINING MUST INCLUDE THE FOLLOWING:

| SUBJECT | DATE COMPLETED | ASSESSOR'S SIGNATURE |
|--|----------------|----------------------|
| a) Read Wilderness Code of Behaviour, understand impact of Journey | _____ | _____ |
| b) First Aid and emergency planning | _____ | _____ |
| c) Map reading, route planning | _____ | _____ |
| d) Compass work, navigation | _____ | _____ |
| e) Cooking (including menu planning, meal preparation) | _____ | _____ |
| f) Knowledge of equipment | _____ | _____ |
| g) Site selection | _____ | _____ |
| h) Competency in mode of travel (e.g. canoeing, cycling) | _____ | _____ |
| i) Any other training that would be appropriate to your expedition, including observation & recording skills, team building, leadership training | _____ | _____ |

ADVENTUROUS JOURNEY REPORT

REPORTING

PRACTICE JOURNEY – An outline of the Practice Journey must be submitted with your application.

QUALIFYING JOURNEY – Your report must be submitted with your completed Record Book and Award submission form.

HELPFUL TIP WHEN WRITING REPORTS!!

When writing your report for your Adventurous Journey answer the basic questions outlined in the **“Guidelines for Reports of Expeditions, Explorations and Other Adventurous Journeys”**.

These can be found on page 26 of your Participant handbook.

PRACTICE JOURNEY:

One Practice Journey is required. Your Practice Journey must include one night out. Conditions should approximate those anticipated for the Qualifying Journey.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Activity: _____

Method of Travel (ie. Hike/Bike/Canoe): _____

Location: _____

Purpose: _____

Date Started: _____ Date Completed: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Was the Preliminary Training completed prior to the Practice Journey? Yes No

I have completed an outline of my Practice Journey: Yes No

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT’S ASSESSOR:

Assessor’s Report: (Comment on participant’s venture and report)
If more room is needed, please attach an additional page.

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that a satisfactory standard of training has been reached in the subjects listed in the Preliminary Training, that the Practice Journey has been completed and this Participant is properly equipped for the Qualifying Journey.

Date: _____ Signature: _____
(MM/DD/YYYY)

QUALIFYING JOURNEY:

Requires three full days of activities, including two nights out. Must have a minimum of 7 hours of planned activities per day. Environment chosen can be familiar.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Activity: _____ Duration: _____
Method of Travel (ie. Hike/Bike/Canoe): _____ Number of days out: _____
Location: _____ Number of nights out: _____
Purpose: _____
Date Started: _____ Date Completed: _____
(MM/DD/YYYY) (MM/DD/YYYY)
Number of hours of planned activities per day: _____ (min. of 7 hrs/day required)
I have completed a report of my Qualifying Journey: Yes No

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Comment on participant's venture and report)
If more room is needed, please attach an additional page.

Assessors Details:

Name of Assessor (Please Print): _____
Relationship to Participant: _____
Qualification or Experience: _____
Address: _____
Telephone: _____ Email: _____

It is certified that this Participant has met the requirements of a Qualifying Journey and that the journey presented a challenge in terms of physical effort and fulfillment of its preconceived purpose.

Date: _____ Signature: _____
(MM/DD/YYYY)

SECTION 5: ACHIEVEMENT RECORD

FOR OFFICIAL USE ONLY

This is to certify that: _____ has fully met all of the conditions and requirements in each section of the Award program and is now qualified for the following Duke of Ed Award:

SILVER AWARD

Signature: _____

Position: _____

Award Completion Date: _____
(MM/DD/YYYY)