



BROOME COUNTY YOUTH BUREAU & Fox 40 WICZ TV



Spirit of Youth Recognition Award

*The Spirit of Youth Recognition Awards are presented on a quarterly basis by the
Broome County Youth Bureau Advisory Board & Fox 40 WICXZ*

Sponsored by Levene, Gouldin and Thompson

Purpose: To recognize those youth who are a positive role model and have succeeded in spite of difficult odds. These youth have performed an outstanding and/or extraordinary service for their community and/or have assumed an extraordinary role within their family.

Award Criteria:

- The nominees must reside in Broome County and be between the ages of 12 and 21 years old.*
- Academic or athletic achievement will NOT be considered in the selection of award recipients.*
- Community service projects for which school credit is received or which fulfill requirements for other awards will NOT be considered unless the youth goes above and beyond the required level of participation.*
- Nominations from family members will be accepted, only if accompanied by a supporting recommendation from a non-family member.*
- This Award gives recognition, preferentially, to youth who may not receive it otherwise.*
- The Broome County Youth Bureau reserves the right to limit the number of award recipients from each school district or community.*

Please complete the following two pages of this form and return it to the Broome County Youth Bureau. Nominations will be accepted at anytime throughout the year.

SPIRIT OF YOUTH RECOGNITION NOMINATION FORM

NOMINEE INFORMATION

Name: _____ Male Female Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ School: _____

Name of Parents/Guardian: _____

Parent/Guardian Address (if different from above):

Please check whether youth is being nominated for:

- Extraordinary Role in Community
and/or
- Extraordinary Role in Family

NOMINATOR INFORMATION

If nominator #1 is a family member then a second non-family member nominator must be included as well.

1.) Name: _____

Relationship to Nominee: _____

Address: _____ City: _____

Zip: _____ Phone: _____

2.) Name: _____

Relationship to Nominee: _____

Address: _____ City: _____

Zip: _____ Phone: _____

Please attach a separate page and answer the following questions:

1. Please describe the **Outstanding or Extraordinary Contributions to Community or Family:** Include specific duties, projects, family circumstances, other activities or interests, etc. Information will be used for program description.
2. Estimated number of volunteer hours.
3. How long has this person been volunteering?
4. If community service was completed for school or a club, has the youth exceeded the number of minimum hours required?
5. Has this youth been previously recognized or working towards recognition for the community service in which s/he is being nominated for?
6. Additional person who can support this nomination.

All nominations must be received by the following deadline dates.

- Awards for the first quarter should be received by April 30, 2008.
- Awards for the second quarter should be received by June 30, 2008.
- Awards for the third quarter should be received by September 30, 2008.
- Awards for the fourth quarter should be received by December 31, 2008.

Submit all Nominations to:

**Broome County Youth Bureau
36-42 Main Street
Binghamton, NY 13905
Fax: 778-3788**

or

e-mail nominations to bcyouthbureau@co.broome.ny.us.

**For additional questions please contact the Youth Bureau at
778-2415 or bcyouthbureau@co.broome.ny.us.**



CONSENT AND RELEASE

I HEREBY CONSENT AND AUTHORIZE **WICZ/ WBPN** TO PHOTOGRAPH ME, TOGETHER WITH ANY SUBJECT OWNED TO ME, AND AUTHORIZE **WICZ / WBPN** TO USE NAME AND/OR SUCH PHOTOGRAPHS (INCLUDING VIDEOTAPE AND/OR ANY OTHER FORM OF PICTURE RECORDING) ON TELEVISION FOR ALL PURPOSES WHICH IT DEEMS PROPER.

I DO HEREBY RELEASE **WICZ / WBPN** FOR WHOM THE AFORESAID PICTURES WERE MADE, THEIR ASSOCIATES AND ASSIGNS, FROM ANY AND ALL CLAIMS FOR DAMAGES, LIBEL, SLANDER, INVASION OF PRIVACY OR FOR ANY OTHER CLAIMS BASED ON THE USE OF SAID MATERIAL.

NAME:
(PLEASE PRINT) _____

SIGNATURE: _____

DATE: _____