

Participant's name, surname:

e-mail:

tel. no.:



## "Keep going, reach goals, get an award: empowering senior volunteerism" No. 2020-1-LT01-KA204-077966

## The Senior Award Program

You are never too old to set another goal or to dream a new dream C.S. Lewis, author and poet

## The Participant's Journal

Goal (set by the participants themselves, separate for each activity)

| Start date:   |   |          |  |                         |  |  |  |
|---|---|----------|--|-------------------------|--|--|--|
| <b>Activity Log</b> (shortly describe the activity undertaken, indicating the date, scope and venue (if relevant), providing self-reflection) |   |          |  |                         |  |  |  |
| Date  | Activity undertaken, self reflection (achievements, feelings, aims) | Duration | Participant's reflection and/or comments | Facilitator's signature |  |  |  |
|   |   |          |  |                         |  |  |  |
| •••   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |
|   |   |          |  |                         |  |  |  |

| Date | Activity undertaken, self reflection (achievements, feelings, aims) | Duration | Participant's reflection and/or comments | Facilitator's signature |
|------|---|----------|--|-------------------------|
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |
|      |   |          |  |                         |

## **End date**

Adult educator's (facilitator's) name, surname, email., tel.no.

Adult educator's (facilitator's) coments and recommendation for the award.

This form can be filled out on the computer or by hand. When possible, please add pictures for proof.