



*BROOME COUNTY YOUTH BUREAU & Fox 40 WICZ TV*

*Spirit of Youth Recognition Award*

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*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](mailto:bcyouthbureau@co.broome.ny.us).**

**For additional questions please contact the Youth Bureau at  
778-2415 or [bcyouthbureau@co.broome.ny.us](mailto:bcyouthbureau@co.broome.ny.us).**



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NAME:  
(PLEASE PRINT) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_