

**BOY SCOUTS OF THE PHILIPPINES**  
National Office  
Manila



31 May 2016

**NATIONAL OFFICE MEMORANDUM**  
**Number 33**                      **s. 2016**

**TO : Regional Scout Directors, Council Scout Executives and Officer-In-Charge**

**SUBJECT : National Service Team Application Form for the 7<sup>th</sup> National Scout Venture Camp**

1. In addition to National Office Memorandum No. 31 series of 2016 re: 7<sup>th</sup> National Scout Venture Camp, which will be held from 25 – 30 September 2016 at BSP Camp Danao, Malapuc Norte, Maasin City, we are pleased to announce that the application for National Service Team is now open until 31 August 2016.
2. The National Service Team (NST) will support the implementation of the different activities, modules and special activities throughout the duration of the Jamboree. NST is composed of highly trained, motivated and committed volunteer Rovers and Adult Leaders assigned to the different Jamboree Services, catering to both the program needs and administration requirements.
  - 2.1 Qualifications. Applicants for the National Service Team must meet the following qualifications:
    - Must be currently registered as a Rover Scout or as an Adult Leader aged between eighteen (18) to forty five (45) years old.
    - Must be physically fit as certified by a physician.
    - Must be of good moral character.
    - Must be at least a Wood Badge holder with at least one (1) year of experience and service.
    - Must be duly recommended by the Council Scout Executive/Officer-In-Charge and the Regional Scout Director.
  - 2.2 The applicant must fill-out the necessary NST Application Form (see attached), duly endorsed by the Local Council and Regional Office and pay the corresponding registration fee.

If the application has been approved by the National Office, a letter of acceptance and corresponding appointments will be issued. Once approved, NSTs are advised to pay the registration fee of **FIVE HUNDRED PESOS** (Php 500.00) which must be directly remitted to the host council via bank transfer to their account, **SOUTHERN LEYTE COUNCIL LAND BANK SAVINGS ACCOUNT NO: 0941 1071 84** on or before **31 August 2016**.

A photocopy or scanned copy of the bank deposit slip must be submitted to the host council via e-mail at [southernleyte.bsp@gmail.com](mailto:southernleyte.bsp@gmail.com) as proof and confirmation that you have already paid the required registration fee.

All approved and duly registered NSTs must report at the Jamboree Site not later than **1000H of 23 September 2016, Friday** for orientation on their respective jobs and preparatory activities and leave the camp not later than **1500H 30 September 2016, Friday**.

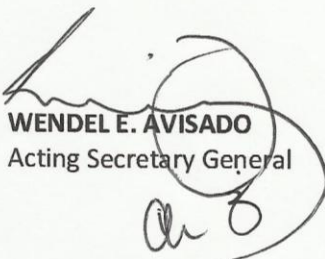
3. Transportation and Equipment. All approved NSTs are personally responsible for arranging their own transportation to and from the campsite and are required to bring their own camping equipment and gadgets.
4. For more information, please contact the following persons.

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Project Officer, 7<sup>th</sup> NSVC  
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Project Officer, 7<sup>th</sup> NSVC  
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MR. CHRISTOPHER P. ROA  
Overall Coordinator  
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5. For immediate dissemination and compliance of all concerned.

  
**WENDEL E. AVISADO**  
Acting Secretary General



**7<sup>th</sup> NATIONAL SCOUT VENTURE CAMP**  
BSP Camp Danao, Malapuc Norte, Maasin City  
25 – 30 September 2016

**APPLICATION FORM FOR THE NATIONAL SERVICE TEAM**

Please complete all parts of the application form in block letters

**Position in Scouting** \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) Profession \_\_\_\_\_

Level of Education \_\_\_\_\_ Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_ City/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Blood Type \_\_\_\_\_

**Language Skills: ( Please indicate a fluency level)**

1. \_\_\_\_\_ Specify \_\_\_\_\_

2. \_\_\_\_\_ Specify \_\_\_\_\_

3. \_\_\_\_\_ Specify \_\_\_\_\_

**Special Foods (Do you have any special requirements for medical , religious or other reasons?)**

Special foods required: \_\_\_\_\_

Food you must not eat (Please specify): \_\_\_\_\_

Due to (allergy, special diet, etc): \_\_\_\_\_

**Scouting History (please complete):**

Present Position within the Scout Organization: \_\_\_\_\_

Participation in NATIONAL events as: \_\_\_\_\_

**Please give us more information about your knowledge, experiences:**

- |   |                                      |   |  |   |
|---|--------------------------------------|---|--|---|
| <input type="checkbox"/> Peace Education  | <input type="checkbox"/> Handicrafts | <input type="checkbox"/> Pioneering     | <input type="checkbox"/> Computer                | <input type="checkbox"/> Warehouses/Stockroom |
| <input type="checkbox"/> Administration   | <input type="checkbox"/> Photography | <input type="checkbox"/> Lifeguard      | <input type="checkbox"/> Human Right             | <input type="checkbox"/> Canoeing/Rowing      |
| <input type="checkbox"/> Orienteering     | <input type="checkbox"/> Snorkelling | <input type="checkbox"/> Rappelling     | <input type="checkbox"/> Run Group Activities    | <input type="checkbox"/> Religious Activities |
| <input type="checkbox"/> Public Relation  | <input type="checkbox"/> Journalism  | <input type="checkbox"/> Radio Operator | <input type="checkbox"/> Outdoor Activities      | <input type="checkbox"/> Crowd Management     |
| <input type="checkbox"/> Performing Arts  | <input type="checkbox"/> First Aid   | <input type="checkbox"/> Hiking         | <input type="checkbox"/> Music (Play Instrument) | <input type="checkbox"/> Biking               |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Environment | <input type="checkbox"/> Nature Study   | <input type="checkbox"/> Exhibition Operating    | <input type="checkbox"/> Security             |
| <input type="checkbox"/> Rock Climbing    | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Robotic        |  |   |

**Skill/Qualifications:** \_\_\_\_\_

**I transmit herewith:** ☐ P 500.00 as full payment of my Registration Fee

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

**LOCAL COUNCIL ENDORSEMENT:**

**Name of Local Council:** \_\_\_\_\_

**Name of Person Authorizing this Application:** \_\_\_\_\_ **Position** \_\_\_\_\_

**Signature of Person Authorizing this Application:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH DETAILS**

**Name:** \_\_\_\_\_ **Local Council:** \_\_\_\_\_

**Special Health Problem (Do you have any illness of the following?)**

- |  |                                    |                                    |  |                                   |
|--|------------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetic  | <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Haemophilia   | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Autism   |

Any other Allergies \_\_\_\_\_

Any physical disability \_\_\_\_\_

Others (please specify) \_\_\_\_\_

Recommendation and/or restrictions (if none, so state): \_\_\_\_\_

**Physician (Signature over Printed Name):** \_\_\_\_\_ **License No.:** \_\_\_\_\_