

Boy Scouts of the Philippines  
National Office  
Manila



12 July 2016

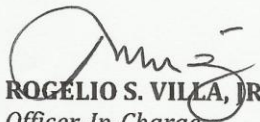
**NATIONAL OFFICE MEMORANDUM**

Number 44 s. 2016

**TO :** Regional Scout Directors, Council Scout Executives and  
Officers-In-Charge  
**SUBJECT :** Amendment to the National Office Memorandum No. 31, s. 2016:  
7<sup>th</sup> National Scout Venture Camp

---

1. The BSP Strategy Map: Vision 2025 emphasizes a comprehensive approach in pursuing reforms to be able to upgrade our quality of service and delivery of program to all. Under one of its strategic priorities - YOUNG PEOPLE, it is the objective of the organization to utilize and harness its resources in order to increase the benefits of our members and stakeholders.
2. Anent this objective, and upon the instruction of BSP National President, Atty. Wendel E. Avisado we are pleased to inform you that the registration fee for participants (Scouts, Leaders and NST) of the 7<sup>th</sup> National Scout Venture Camp on 25-30 September 2016 at BSP Camp Danao, Malapoc Norte, Maasin City is **reduced** from Php 500.00 to a more affordable amount of **Php 350.00**, thereby making the activity open to more young people and volunteer leaders. The reduction of cost was made possible by the National Office subsidy of Php 500,000.00 for the working figure of 2,500 participants to this event per approved Activity Design.
3. A. As stated in the previous memorandum, the registration fee is non-refundable but transferable and shall be charged from each of the participants in order to defray program materials, administrative costs and operating expenses.  
  
B. Registration Fees must be remitted directly to the host council via bank transfer to their bank account, **SOUTHERN LEYTE COUNCIL LAND BANK SAVINGS ACCOUNT NO. 0941 1071 84** on or before **August 31, 2016**.  
  
C. The Roster of Participants, together with the photocopy or scanned copy of the bank deposit slip must be submitted to the host council on the same date via e-mail at [southernleyte.bsp@gmail.com](mailto:southernleyte.bsp@gmail.com)  
  
D. Please be reminded as well that the participation ratio is one (1) adult leader for every eight (8) scouts.
4. For immediate dissemination and compliance of all concerned.

  
**ROGELIO S. VILLA, JR.**  
Officer-In-Charge  
Office of the Secretary General



**7<sup>th</sup> NATIONAL SCOUT VENTURE CAMP**  
BSP Scout Camp Danao, Malapuc Norte, Maasin City  
25-30 September 2016  
Theme: "Growth and Stability"

**APPLICATION FORM**

Please complete all parts of the application form in block letters

**Name of Local Council** \_\_\_\_\_ **Region** \_\_\_\_\_

**PERSONAL DETAILS**

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

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

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Blood type** \_\_\_\_\_ **Nationality** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**School or profession** \_\_\_\_\_ **Grade or level of education** \_\_\_\_\_

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

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

**Special Skills/Qualifications:** \_\_\_\_\_

**I transmit herewith:** ☐ P 350.00 as Full Payment of my Registration Fee (Scout/Adult Leader)

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

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

**PARENT'S/GUARDIAN CONSENT**

(for application of minor age)

We hereby approve this application and certify to its correctness. In consideration of the benefits to be derived, we expressly waive any and all claims against the Boy Scouts of the Philippines or its representatives on account of any incident or injury or damage to personal property that may occur beyond the control of the Contingent Officials/BSP provided adequate safety measures and precautions have been instituted in participation in the 7<sup>th</sup> National Scout Venture Camp.

\_\_\_\_\_  
Signature over Printed Name of Parent/Guardian

Date: \_\_\_\_\_

**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?)

☐ Heart disease ☐ Hay fever ☐ Diabetic ☐ Hypertension ☐ Fainting

☐ Haemophilia ☐ Asthma ☐ Epileptic ☐ Sleep Walking ☐ 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.:** \_\_\_\_\_



**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 350.00 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.:** \_\_\_\_\_