

BOY SCOUTS OF THE PHILIPPINES
NATIONAL OFFICE
Manila



28 November 2012

NATIONAL OFFICE MEMORANDUM
Number 54 s. 2012

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

SUBJECT : **NATIONAL PEACEJAMB**

We are pleased to announce the holding of the **NATIONAL PEACEJAMB** in Luzon, Visayas and Mindanao, with the theme "**Scouting: Education for Life**", on the following dates and venue:

<u>Inclusive Dates</u>	<u>Venue</u>
22-28 February 2013	PSC-APR, Makiling, Los Banos, Laguna
23 February-01 March 2013	Capitol Hills Scout Camp, Cebu City
24 February-02 March 2013	Malagos Scout Camp, Davao City

Qualifications for participation are as follows:

- a. **Scouts**
 - Currently registered Boy/Senior Scout.
 - Must not be under 11 years of age before the start of the Jamboree.
 - Must be a holder of at least the 2nd Class Scout Badge or its equivalent.
 - Must be physically fit as certified by a physician.
 - Must have at least one (1) year camping experience and sufficient Scouting knowledge.

- b. **Adult Leaders**
 - Must be duly registered with the Boy Scouts of the Philippines.
 - Must have served as Unit Leader or Assistant Unit Leader for at least two years.
 - Must be of good moral character.
 - Must be physically fit as certified by a physician.
 - Must have at least two (2) years camping experience and sufficient Scouting knowledge.

- c. **National Service Team** (at least 200 Program/Admin Staff needed/venue)
 - Must be duly registered with the Boy Scouts of the Philippines.
 - Must have served as Unit Leader or Assistant Unit Leader for at least three years.
 - Must be of good moral character.
 - Must be physically fit as certified by a physician.
 - Must have at least three (3) years experience as Regional and National Event Program/Administration Staff and possessed sufficient Scouting knowledge and outdoor skills.

The **National Service Team members (NST)** are required to report to the Jamboree site at least two (2) days before the Jamboree starts. Food for the NST shall be provided for the entire duration of the Jamboree. Application for NST with the endorsement of the Council Scout Executive, shall reach National Office c/o NPJ Secretariat, Field Operations Division not later than 15 January 2013. Payment of NST Registration Fee of Five Hundred Pesos (Php500.00) shall only be made by the NST applicant upon receipt of Notice of Acceptance to the NST from the NPJ Secretariat.

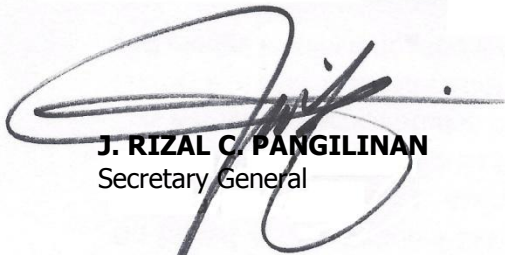
Local Council can participate in other schedules/geographical location, provided proper coordination shall be made with their respective Regional Scout Director so that allocation of campsite is ensured by the host region. The target participation quota of the Local Councils shall be at the discretion of the Regional Scout Directors. The participation ratio of 1:8 (1 Unit Leader and 8 Scouts) shall be strictly enforced. Attached is the Application to Attend with medical certification which you can reproduce for your consumption.

Contingents will bring their own cooking and camping gears and equipment and must arrange their own transportation requirements from point of origin to the Jamboree site drop-off point and return.

A Jamboree fee of Five Hundred Pesos (Php500.00) will cover cost of program and activity materials, souvenir items and administration cost. A non-refundable but transferable deposit of Two Hundred Pesos (Php200.00) must be paid to the National Office thru the Local Council on or before 20 January 2013 to ensure the acceptance of application. Full payment must reach the National Office not later than 15 February 2013.

Local Councils and Regions are expected to organize their respective committees and start preparations without delay. Efforts to ensure maximum participation of Scouts should be exerted by each Local Council.

For information, guidance and wide dissemination.



J. RIZAL C. PANGILINAN
Secretary General

Encl; a/s



NATIONAL PEACEJAMB-LUZON
PSC-APR, Mt. Makiling, Los Banos, Laguna
22 – 28 February 2013



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.:** _____

NOTE: Please return this form together with the Registration Fee to your Local Council for endorsement and submit to the Boy Scouts of the Philippines –Field Operations Division at 181 Natividad Almeda-Lopez Street, Ermita, Manila Philippines or Email: bsp@scouts.org.ph.



NATIONAL PEACEJAMB-VISAYAS
 Capitol Hills, Scout Camp, Cebu City
 23 February 2013 to 01 March 2013



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.:** _____

NOTE: Please return this form together with the Registration Fee to your Local Council for endorsement and submit to the Boy Scouts of the Philippines –Field Operations Division at 181 Natividad Almeda-Lopez Street, Ermita, Manila Philippines or Email: bsp@scouts.org.ph.



NATIONAL PEACEJAMB-MINDANAO
Malagos Scout Camp, Davao City
24 February 2013 to 02 March 2013



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.:** _____

NOTE: Please return this form together with the Registration Fee to your Local Council for endorsement and submit to the Boy Scouts of the Philippines –Field Operations Division at 181 Natividad Almeda-Lopez Street, Ermita, Manila Philippines or Email: bsp@scouts.org.ph.



NATIONAL PEACEJAMB-LUZON
PSC-APR, Mt. Makiling, Los Banos, Laguna
22 – 28 February 2013



APPLICATION FORM for PARTICIPANTS
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 500.00 as Full Payment of my Registration Fee (Scout/Adult Leader)

Applicant's Signature _____

Date ____/____/____ (dd/mm/yy)

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____

Relationship: _____

Tel No. _____ Mobile No. _____ Fax No. _____ E-mail _____

Comment/Request: _____

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.: _____

NOTE: Please return this form together with the Registration Fee to your Local Council for endorsement and submit to the Boy Scouts of the Philippines –Field Operations Division at 181 Natividad Almada-Lopez Street, Ermita, Manila Philippines or Email: bsp@scouts.org.ph.



NATIONAL PEACEJAMB-VISAYAS

Capitol Hills Scout Camp, Cebu City
23 February 2013 TO 01 March 2013



APPLICATION FORM for PARTICIPANTS

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 500.00 as Full Payment of my Registration Fee (Scout/Adult Leader)

Applicant's Signature _____

Date ___/___/___ (dd/mm/yy)

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____

Relationship: _____

Tel No. _____ Mobile No. _____ Fax No. _____ E-mail _____

Comment/Request: _____

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.: _____

NOTE: Please return this form together with the Registration Fee to your Local Council for endorsement and submit to the Boy Scouts of the Philippines -Field Operations Division at 181 Natividad Almada-Lopez Street, Ermita, Manila Philippines or Email: bsp@scouts.org.ph.



NATIONAL PEACEJAMB-MINDANAO
 Malagos Scout Camp, Baguio District, Davao City
 24 February 2013 TO 02 March 2013



APPLICATION FORM for PARTICIPANTS
 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 500.00 as Full Payment of my Registration Fee (Scout/Adult Leader)

Applicant's Signature _____
 Date ____/____/____ (dd/mm/yy)

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____
 Relationship: _____
 Tel No. _____ Mobile No. _____ Fax No. _____ E-mail _____
 Comment/Request: _____

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.:** _____

NOTE: Please return this form together with the Registration Fee to your Local Council for endorsement and submit to the Boy Scouts of the Philippines –Field Operations Division at 181 Natividad Almada-Lopez Street, Ermita, Manila Philippines or Email: bsp@scouts.org.ph.