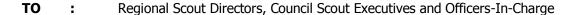
BOY SCOUTS OF THE PHILIPPINES NATIONAL OFFICE

Manila

28 November 2012

NATIONAL OFFICE MEMORANDUM

Number 54 s. 2012



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:

Inclusive Dates Venue

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

SCOUTS
 SC

APPLICATION FORM FOR THE NATIONAL SERVICE TEAM

Please complete all parts of the application form in block letters

Position in Scouting					
					ddle Initial
Gender	Date of Birth/ _	/ (dd/mm/yy)	Profession		
					Zip
Tel No	Mobile No	Fa	x No	E-ma	nil
Height	(cm)	Weight	(kg	g) Blood Type _	
Language Skills: (Pleas	se indicate a fluency lev	vel)			
1		Spec	cify		
2		Spec	cify		
3		Spec	cify		
Special Foods (Do you h	nave any special requir	ements for medical , reli	igious or other reasons?	?)	
Special foods required:					
Food you must not eat (Ple	ease specify):				
Due to (allergy, special die	et, etc):		_		
Scouting History (pleas	e complete):				
Participation in NATIONAL	-				
Please give us more info	•				·
□ Peace Education	☐ Handicrafts	☐ Pioneering	☐ Computer		☐ Warehouses/Stockroom
□ Administration	☐ Photography	☐ Lifeguard	□ Human Ri		☐ Canoeing/Rowing
□ Orienteering	☐ Snorkelling	□ Rappelling	□ Run Group	_	☐ Religious Activities
□ Public Relation	☐ Journalism	☐ Radio Operato			☐ Crowd Management
☐ Performing Arts	☐ First Aid	☐ Hiking		y Instrument)	☐ Biking
☐ Health Education	☐ Environment	□ Nature Study			☐ Security
□ Rock Climbing	☐ Swimming	□ Robotic	L EXHIBITION	Operacing	Li Security
Skill/Qualifications:	3	LI RODOLIC			
Skiii/ Qualifications					
I transmit herewith: □	P 500.00 as full payment	of my Registration Fee			
			- .,	, ,,,,	
Applicant's Signature _			Date /	/ (dd/	mm/yy)
LOCAL COUNCIL ENDOR	SEMENT:				
Name of Person Authori				Position	
Signature of Person Aut					
Aut	Application	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_/
		HEALTH D	FTATI S		
Name:			ouncil:		
Special Health Problem					
☐ Heart disease	` ,		☐ Hypertension	☐ Fainti	na
☐ Haemophilia	•	☐ Epileptic	☐ Sleep Walking		
Any other Allergies			- Sicep waiking	L Autisi	
Any physical disability					
, , , , , , , , , , , , , , , , , , ,					
Others (please specify)					
•	•	ate):			se No.:
					inil -



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 r	name			M	liddle Initial
Gender	Date of Birth	_/ /	(dd/mm/yy) Pro	ofession		
Level of Education			Nationality		Religion _	
Home Address			_City/Province		Country	Zip
Tel No	Mobile No		Fax N	No	E-m	ail
Height		(cm) Weigh	t		_ (kg) Blood Type	
Language Skills: (Please	e indicate a fluenc	v level)				
			Specify			
Special Foods (Do you ha	ave any special re	quirements	for medical , religi	ous or other rea	sons?)	
Special foods required:						
Food you must not eat (Ple						
Due to (allergy, special diet	c, etc):					
Scouting History (please	complete):					
Present Position within the						
Participation in NATIONAL 6	-	,				
Please give us more info	•					
□ Peace Education	☐ Handicrafts		☐ Pioneering	□ Com	puter	☐ Warehouses/Stockroom
□ Administration	☐ Photography		□ Lifeguard		an Right	☐ Canoeing/Rowing
☐ Orienteering	□ Snorkelling		□ Rappelling		Group Activities	☐ Religious Activities
□ Public Relation	☐ Journalism		□ Radio Operator		loor Activities	☐ Crowd Management
☐ Performing Arts	☐ First Aid		☐ Hiking		c (Play Instrument)	☐ Biking
☐ Health Education	☐ Environment		☐ Nature Study		bition Operating	☐ Security
□ Rock Climbing	☐ Swimming		□ Robotic	Z EXIII	bicion operacing	_ security
Skill/Qualifications:	L Ownining		- Nobotic			
Julia Qualificacionos						
I transmit herewith: □ P	500.00 as full paym	ent of my Re	egistration Fee			
		•	_	Data	/ / (44	/mama /sms)
Applicant's Signature				Date	/ / (dd/	/mm/yy)
LOCAL COUNCIL ENDORS	SEMENT:					
Name of Local Council:						
Name of Person Authoriz					Position	
Signature of Person Auth						1 1
•						—- <i>'</i> ———
			HEALTH DET	TAILS		
Name:			Local Cou	ncil:		
Special Health Problem (Do you have any illr	ness of the fo	llowing?)			
☐ Heart disease	☐ Hay fever	□ Diabet	ic	☐ Hypertension	☐ Faint	zing
☐ Haemophilia	☐ Asthma	□ Epilept	ic	☐ Sleep Walking	☐ Autis	_
Any other Allergies						
Any physical disability						
Others (please specify)						
Recommendation and/or re						
Physician (Signature ove						nse No.:



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					Middle Initial
Gender	Date of Birth/	/ (dd/mn	m/yy) Profession $_$		
Level of Education		Nationalit	У	Religion	
					Zip
Tel No	Mobile No		Fax No	E-n	nail
Height	(cm	ı) Weight		(kg) Blood Type	!
Language Skills: (Please	e indicate a fluency le	evel)			
1			Specify		
2			Specify		
3			Specify		
Special Foods (Do you h	ave any special requi	rements for medica	al , religious or oth	er reasons?)	
Special foods required:					
Food you must not eat (Ple	ase specify):				
Due to (allergy, special die	t, etc):				
Scouting History (please	complete):				
Present Position within the	Scout Organization:				
Participation in NATIONAL	events as:				
Please give us more info	rmation about your l	nowledge, experie	nces:		
☐ Peace Education	□ Handicrafts	☐ Pioneeri	ing	☐ Computer	☐ Warehouses/Stockroom
☐ Administration	☐ Photography	□ Lifeguar	rd	□ Human Right	☐ Canoeing/Rowing
☐ Orienteering	□ Snorkelling	☐ Rappelli	ing	☐ Run Group Activities	☐ Religious Activities
☐ Public Relation	☐ Journalism	□ Radio O	perator	☐ Outdoor Activities	☐ Crowd Management
☐ Performing Arts	☐ First Aid	☐ Hiking		☐ Music (Play Instrument)	☐ Biking
☐ Health Education	☐ Environment	□ Nature S	Study	☐ Exhibition Operating	☐ Security
☐ Rock Climbing	☐ Swimming	☐ Robotic			
Skill/Qualifications:					
I transmit herewith: \square P	500.00 as full paymen	t of my Registration F	-ee		
Applicant's Signature				Date / / (dd	/mm/yy)
LOCAL COUNCIL ENDOR	SEMENT:				
Name of Local Council: _					
Name of Person Authoria	zing this Application:			Position	
Signature of Person Aut	horizing this Applicat	ion:		Date	_/
			LTH DETAILS		
Name:	/Da ha an illnes		ocal Council:		
Special Health Problem		• ,	□ Ukusanta		Air -
☐ Heart disease	☐ Hay fever	□ Diabetic	☐ Hyperte		-
☐ Haemophilia	□ Asthma	☐ Epileptic	☐ Sleep W	alking Aut	SM
Any other Allergies					
Any physical disability					
Others (please specify)					
Recommendation and/or re	` .				
Physician (Signature over	er Printed Name):			Lice	nse No.:



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 Cour	ncil	Region				
PERSONAL DETAILS	6					
Surname		First name		Middle	e Initial	
Gender	Date of I	Birth/ /	(dd/mm/yy) I	Place of Birth _		
HeightWeigh	ntBlood type _	Nationality		Religion _		
School or professio					1	
Home Address			City/Provin	ce	Zip	
Tel No	Mobile No	Fax	No	E-mail		
Special Skills/Quali	ifications:					
I transmit herewith	:: □ P 500.00 as Full					
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			//_	(aa/mm	/yy)	
	IN CASE OF EMERGEN					
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Comment/Request:						
	L	OCAL COUNCIL	ENDORSEME	NT:		
Name of Local Cour	ncil:					
Name of Person Au	thorizing this Applicat	ion:		Position		
Signature of Persor	n Authorizing this App	lication:		Da	te/	/
		HEALTH [DETAILS			
Name:			_ Local Council:			
Special Health Prob	lem (Do you have any i	llness of the following	?)			
☐ Heart disease	☐ Hay fever	□ Diabetic	□ Ну	pertension	☐ Fainting	
☐ Haemophilia	☐ Asthma	□ Epileptic	□ Sle	eep Walking	☐ Autism	
Any other Allergies						
Any physical disability	/					
Others (please specify	y)					
Recommendation and	/or restrictions (if none,	so state):				
Physician (Signatur	re over Printed Name)	:		Licens	se No.:	



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 Coun	cil	Region				
PERSONAL DETAILS						
· · · · · · · · · · · · · · · · · · ·	F	•			•	
	Date of E					
HeightWeigh	tBlood type	Nationality		Religion _		
Father's Name		Mother's	s Name			
School or profession	າ	Grade or level of education				
Home Address			City/Province	·	Ziړ	
Tel No	Mobile No	Fax	No	E-mail		
Special Skills/Qualif	fications:					
I transmit herewith:	: □ P 500.00 as Full	Payment of my Regi	stration Fee (Sco	ut/Adult Lead	der)	
		Appli	cant's Signature			
		Date	//	(dd/mm	/yy)	
CONTACT PERSON I	N CASE OF EMERGENO			_		
Name:						
	Mobile N				mail	
·						
comment, requesti						
	L	OCAL COUNCIL	ENDORSEMEN	T:		
Name of Local Coun	cil:					
	horizing this Applicat					
Signature of Person	Authorizing this Appl	lication:		Da	te/	/
		HEALTH D	DETAILS			
Name:			_ Local Council: _			
Special Health Probl	lem (Do you have any il	lness of the following?	?)			
☐ Heart disease	☐ Hay fever	☐ Diabetic	□ Нур	ertension	☐ Fainting	
☐ Haemophilia	☐ Asthma	□ Epileptic	☐ Slee	p Walking	☐ Autism	
Any other Allergies						
Any physical disability						
Others (please specify	·)					
Recommendation and/	or restrictions (if none,	so state):				
Physician (Signature	e over Printed Name)	.		Licens	e No.:	



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 Cour	ncil	Region				
	_					
PERSONAL DETAILS						
•		•		le Initial		
				f education		
				Zip		
Tel No	Mobile No	Fax No	o E-mail			
Special Skills/Quali	ifications:					
I transmit herewith	n: 🗆 P 500.00 as Full	Payment of my Regist	tration Fee (Scout/Adult Lea	ader)		
		Applica	ant's Signature			
		Date _	/(dd/mn	n/yy)		
CONTACT PERSON	IN CASE OF EMERGEN	CY				
Name:						
Relationship:						
Tel No	Mobile N	lo	Fax No E-	-mail		
Comment/Request	:					
	L	OCAL COUNCIL E	NDORSEMENT:			
Name of Local Cour	ncil:					
Name of Person Au	thorizing this Applicat	ion:	Position _			
				ate///		
		HEALTH DE				
Name:			Local Council:			
	olem (Do you have any i					
☐ Heart disease	☐ Hay fever	□ Diabetic	☐ Hypertension	☐ Fainting		
☐ Haemophilia	□ Asthma	☐ Epileptic	☐ Sleep Walking	☐ Autism		
Any other Allergies			· -			
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