



# Boy Scouts of the Philippines

## National Office

181 Natividad Almeda-Lopez St., Ermita, 1000 Manila

PO Box 1378, Manila CPO, Philippines

E-mail: bsp@scouts.org.ph

Website : www.scouts.org.ph

Tels. (632) 528 0555 \* 527 8317 to 19 \* Telefax: (632) 528 0577

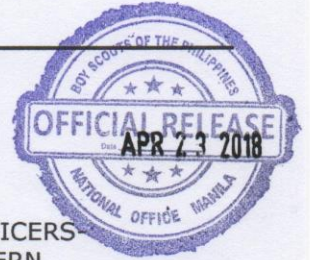
20 April 2018

### NATIONAL OFFICE MEMORANDUM

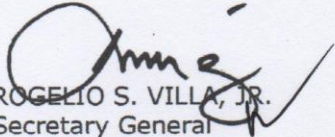
No. 24 : Series of 2018

TO : THE REGIONAL DIRECTOR, SCOUT EXECUTIVES AND OFFICERS-  
IN-CHARGE OF THE NATIONAL CAPITAL REGION, SOUTHERN  
TAGALOG REGION AND CENTRAL LUZON REGION.

SUBJECT : APPLICATION FOR INTERNATIONAL SERVICE TEAM (IST) MEMBER  
FOR THE 26TH ASIA-PACIFIC REGIONAL SCOUT CONFERENCE.



1. The Boy Scouts of the Philippines will be hosting the 26th Asia-Pacific Regional Scout Conference on 15-20 October 2018 at the Philippine International Convention Center (PICC), with the theme, "Growth and Stability".
2. The APR Scout Conference is the highest governing body of the World Organization of Scout Movement (WOSM) in the Region and is held every three years to gather all the top Leaders/Chief Executives of National Scout Organizations to discuss major issues and concerns of the movement in Asia Pacific Region. This will be participated in by the twenty-seven (27) member National Scout Organizations of the Asia-Pacific Region and other visiting National Scout Associations in the World Organization of Scout Movement.
3. In support to the implementation of the different activities of the conference, the Organizing Committee welcomes the application for International Service Team (IST) Members who shall serve in the different working committees of the said conference. The IST is preferably experienced, trained, motivated and committed volunteer Rover Scouts of the National Capital Region, Southern Tagalog Region and Central Luzon Region of the Boy Scouts of the Philippines.
4. Qualifications:
  - Must be currently a Registered Rover Scout aged between 18 to 25 years old.
  - Must possess good public relations and communications skills.
  - Must be Physically fit as certified by a physician
  - Must be of good moral character,
  - Must be endorsed by the Local Council Scout Executive/Officer-In-Charge and the Regional Director.
5. All applicants are required to fill-up the IST Application Form duly endorsed by the Local Council and Regional Office to be submitted to the National Office not later than 15 June 2018 for evaluation and assessment. A letter of acceptance with corresponding certificate of appointment will be issued upon approval of the application.
6. For information, guidance, compliance and dissemination.

  
ROGELIO S. VILLA, JR.  
Secretary General

## APPLICATION FOR INTERNATIONAL SERVICE TEAM MEMBER

26<sup>th</sup> Asia-Pacific Regional Scout Conference

Philippine International Convention Center , Pasay City, Philippines

15-20 October 2018

Name : \_\_\_\_\_

*Family Name*

*Given Name*

*Middle Name*

Mailing Address: \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Date of Birth : (mm/dd/yy) \_\_\_\_\_ Place of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Religion : \_\_\_\_\_ Sex : \_\_\_\_\_

Sponsoring Institution : \_\_\_\_\_

Address of Sponsoring Institution : \_\_\_\_\_

Council : \_\_\_\_\_ Region : \_\_\_\_\_

Unit Number : \_\_\_\_\_ Membership Card # \_\_\_\_\_ Date Registered \_\_\_\_\_

Skills : (mark an X to as many)

\_\_\_\_\_ Public Relations

\_\_\_\_\_ News Writing

\_\_\_\_\_ Oral Communications

\_\_\_\_\_ Photography/Arts

\_\_\_\_\_ Social Media/Digital Promotion

\_\_\_\_\_ Ushering

\_\_\_\_\_ First Aid

\_\_\_\_\_ Computer encoding

\_\_\_\_\_ Others please specify \_\_\_\_\_

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### CERTIFICATION

I hereby certify to the correctness and truthfulness of the information stated above.

\_\_\_\_\_  
Application's Signature Over Printed Name

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### ENDORSEMENT OF THE LOCAL COUNCIL

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

\_\_\_\_\_  
Council Scout Executive, Officer-In-Charge

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### ENDORSEMENT OF THE REGIONAL OFFICE

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

\_\_\_\_\_  
Regional Scout Director

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### ACTION OF THE NATIONAL OFFICE

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

☐ Approved ☐ Disapproved ☐ Others

\_\_\_\_\_  
Project Officer/Assistant Project Officer

## 26<sup>th</sup> ASIA-PACIFIC REGIONAL SCOUT CONFERENCE

### HEALTH AND MEDICAL RECORD

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination subject to recertification in camp and when required for special events.

Have or subject to (check if yes):

- |  |  |   |                                       |  |
|--|--|---|---------------------------------------|--|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Palpitation   | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Nervousness  | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Headache        | <input type="checkbox"/> Convulsions   | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Easy Fatigue | <input type="checkbox"/> Frequent Fever      |
| <input type="checkbox"/> Chest Pain      | <input type="checkbox"/> Others: _____ |   |                                       |  |

Describe: \_\_\_\_\_

Have or subject to trouble with (check if yes):

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> Eye, Ear, Nose, Throat | <input type="checkbox"/> Hernia         | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Recurrent Diarrhea     | <input type="checkbox"/> Heart          | <input type="checkbox"/> Lungs   |
| <input type="checkbox"/> Hypertension           | <input type="checkbox"/> Kidney         | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Whooping Cough |                                  |

Have had: (check if yes)

- |                                      |            |
|--------------------------------------|------------|
| <input type="checkbox"/> Measles     | YEAR _____ |
| <input type="checkbox"/> Mumps       | _____      |
| <input type="checkbox"/> Chicken Pox | _____      |

Any condition now requiring regular medication? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain: \_\_\_\_\_

#### IMMUNIZATION

Date of last inoculation

Smallpox	_____
Diphtheria	_____
Tetanus Toxoid	_____

Polio (Short or Oral)  
Others

Date of last inoculation

\_\_\_\_\_

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Jamboree / Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Applicant Parent or Guardian

#### MEDICAL EXAMINATIONS

**TO THE PHYSICIAN:** Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

#### PHYSICAL FINDINGS

Normal

- |                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Eyes                |
| <input type="checkbox"/> | Vision              |
| <input type="checkbox"/> | Ears                |
| <input type="checkbox"/> | Nose                |
| <input type="checkbox"/> | Throat              |
| <input type="checkbox"/> | Teeth               |
| <input type="checkbox"/> | Lungs               |
| <input type="checkbox"/> | Heart               |
| <input type="checkbox"/> | Blood Pressure      |
| <input type="checkbox"/> | Abdomen             |
| <input type="checkbox"/> | Hernia              |
| <input type="checkbox"/> | Genitalia           |
| <input type="checkbox"/> | Extremities         |
| <input type="checkbox"/> | Posture (Spine)     |
| <input type="checkbox"/> | Skin                |
| <input type="checkbox"/> | Urinalysis          |
| <input type="checkbox"/> | Emotional Stability |

Abnormal

- |                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
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Explanation if abnormal

_____
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#### IMMUNIZATION (See history)

(Check one)

- |                          |
|--------------------------|
| OK                       |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Needed

- |                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Date Given

Small pox	_____
Diphtheria	_____
Tetanus Toxoid	_____
Polio	_____
Cholera / Dysentery / Typhoid	_____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Camping & Hiking | <input type="checkbox"/> Wear Sports | <input type="checkbox"/> Competitive Sports |
|---|--------------------------------------|---|

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

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Examinee Physician and License No.