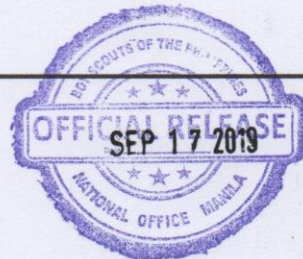




Boy Scouts of the Philippines

National Office

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16 September 2019

NATIONAL OFFICE MEMORANDUM

No. 65 , Series of 2019

TO : REGIONAL SCOUT DIRECTORS, COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE

SUBJECT : APPLICATIONS TO THE NATIONAL SERVICE TEAM (NST) FOR PROGRAM AND ACTIVITIES TO THE 17TH NATIONAL SCOUT JAMBOREE

1. In line with the conduct of the 17th National Scout Jamboree on 01-07 December 2019 at Camp Kainomayan, Botolan, Zambales with the theme: Saving Lives, the Jamboree Organizing Committee is accepting applications for National Service Team (NST) for program and activities.
2. The National Service Team (NST) will be supporting the implementation of the different activities, modules and special activities throughout the duration of the Jamboree. It is composed of highly trained, motivated and committed volunteer Adult Leaders assigned to the different program and activities of the Jamboree.

2.1. The quota allocation by Region for the National Service Team are as follows:

IR	-	30	BR	-	15
NELR	-	30	WVR	-	15
CLR	-	85	EVR	-	15
NCR	-	20	WMR	-	15
STR	-	20	EMR	-	15

2.2. Qualifications. Applicants for the National Service Team must meet the following qualifications:

- Must have undergone trainings conducted by the WSB-APR and the BSP on Better World Framework, Scouts of the World Award, Messengers of Peace and the likes.
- 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

2.3. 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 of P250.00.

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 report at the Jamboree Site not later than 1000H of 30 November 2019, Saturday for orientation on their respective jobs and preparatory activities. All NSTs are to leave the camp on the 7th of December 2019, Saturday.

3. For information, guidance, compliance and widest dissemination of all concerned.

ROGELIO S. VILLA, JR.
Secretary General

BOTOLAN, ZAMBALES • 01-07 DECEMBER 2019
THEME: “Commitment to Excellence”

<p align="center">CERTIFICATION</p> <p>I hereby certify to the correctness and truthfulness of the information stated above.</p> <p align="center">_____</p> <p align="center">Applicant's Signature Over Printed Name</p>	<p align="center">ENDORSEMENT OF THE LOCAL COUNCIL</p> <p>Date _____</p> <p>Remarks _____</p> <p align="center">_____</p> <p align="center">Council Scout Executive/Officer-in-Charge</p>
<p align="center">ENDORSEMENT OF THE REGIONAL OFFICE</p> <p>Date _____</p> <p>Remarks _____</p> <p align="center">_____</p> <p align="center">Regional Scout Director</p>	<p align="center">ACTION OF THE NATIONAL OFFICE</p> <p>Date _____ Received _____</p> <p>Verified: _____ Recorded: _____</p> <p align="center">Approved Disapproved Others</p> <p align="center">_____</p> <p align="center">Project Officer/Assistant Project Officer</p>

17th NATIONAL SCOUT JAMBOREE
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.

Please fill out completely

HEALTH HISTORY

Have or subject to (check if yes):

Form section for health history with checkboxes for Fainting Spells, Headache, Chest Pain, Palpitation, Convulsions, Others, Abdominal Pain, Frequent Cough, Nervousness, Easy Fatigue, Shortness of Breath, Frequent Fever.

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

Form section for health history with checkboxes for Eye, Ear, Nose, Throat, Recurrent Diarrhea, Hypertension, Diabetes, Hernia, Heart, Kidney, Whooping Cough.

Have had: (check if yes)

Form section for health history with checkboxes for Measles, Mumps, Chicken Pox.

YEAR

Form section for health history with lines for year.

Any condition now requiring regular medication?
Any restriction of activity for medical reasons?
Explain

IMMUNIZATION

Smallpox
Diphtheria
Tetanus Toxoid

Date of last inoculation

Form section for immunization with lines for date of last inoculation.

Polio (Short or Oral)
Others

Date of last inoculation

Form section for immunization with lines for 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

Form section for physical findings with columns for Normal, Abnormal, and Explanation if abnormal, listing various body parts and systems.

IMMUNIZATION (See history)

(Check One)

Smallpox
Diphtheria
Tetanus Toxoid
Polio
Cholera / Dysentery / Typhoid

Form section for immunization with checkboxes for OK and Needed.

Date Given

Form section for immunization with lines for date given.

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:
Camping & Hiking
Water Sports
Competitive Sports

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

Signed:
Examinee
Physician and License No.

