



30 August 2017

JOINT COUNCIL MEMORANDUM
UNNUMBERED s. 2017

2017 SCOUT OFFICIALS FOR-A-DAY (SOFAD) WRITTEN TEST AND INTERVIEW

1. We are pleased to invite Boy Scouts (Boy/Senior) and Girl Scouts (Junior/Senior) to the 2017 Scout Officials For-A-Day (SOFAD) activity.
2. Hereunder is the schedule of the Written Test and Interview:

	<i>Date</i>	<i>Time</i>	<i>Venue</i>
Boy Scouts			
Boy/ Senior	September 08, 2017	08:00 a.m. - 05:00 p.m.	Centennial Hall University of Baguio
Girl Scouts			
Junior Scouts	September 08, 2017	08:00 a.m. -12:00 noon	GSP Social Hall Baguio Girl Scouts Office
Senior	September 08, 2017	01:00 p.m. - 05:00 p.m.	- do -

3. The SOFAD is open to all current registered Boy Scouts (Boy/Senior) and Girl Scouts (Junior/Senior). Boy/Junior/Senior Scouts (BSP/GSP) who served in previous SOFAD are no longer qualified.
4.
 - a. **Guidelines**
 - a.1. Each Sponsoring Institution with a duly registered Boy/Senior unit (*minimum of 24 Scouts*) is entitled to one (1) candidate/unit.
 - a.2. The BSP and GSP SOFAD Screening Committees will conduct a separate Written Test and Interview
 - b. **Qualifications**
 - b.1. Boy/Senior Scouts or Junior/Senior Scouts must be duly registered for school year 2017 - 2018
 - b.2. Girl Scout candidates must submit a record or earned badges
 - c. **Criteria**


BSP	- 1. Interview - 35%	2. Scouting Participation - 45%	3. Written Examination - 20%
GSP	- 1. Interview - 25%	2. Scouting Participation - 35%	3. Advancement - 20%
	4. Written Examination - 20%		
5. Attached is a copy of the SOFAD Nomination Form which you can reproduce to meet your needs. Deadline for the submission of accomplished Nomination Form with 1 x 1 ID picture will be on or before **September 07, 2017**.
6. For information and widest dissemination.

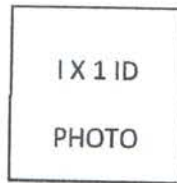

RAMON E. JACINTO
 Council Scout Executive, BSP


JENNIFER T. BUGTONG
 Council Executive, GSP

To: School Administrators
 Teacher's In-Charge
 Elementary & Secondary Teachers &
 Coordinators
 (Public and Private)

FOR YOUR INFORMATION AND
 APPROPRIATE ACTION.


FEDERICO P. MARTIN, Ed.D. CESO-VI
 Schools Division Superintendent



NOMINATION FORM - SCOUT OFFICIALS FOR-A -DAY (SOFAD)

Name of Candidate: _____ Candidate No. _____
Date of Birth: _____ Place of Birth: _____
Grade/Year: _____ School _____ Tel. No. _____
Home Address: _____ Tel. No. _____
Date Registered: _____ Present Position: _____ No. of Years in Scouting: _____
Present Highest Badge Earned: _____ Date Earned: _____
Previous School Attended: _____ School Year: _____
Father: _____ Occupation: _____
Mother: _____ Occupation: _____

SCOUTING ACTIVITIES ATTENDED (*Indicate*: Unit, District, Council, Regional, National, International; date and venue)

<u>Name of Activity</u>	<u>Date</u>	<u>Venue</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify to the correctness of the above information presented, otherwise it may cause my disqualification in participating to the SOFAD Selection.

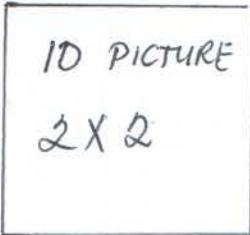
Submitted by:

Signature Over Printed Name

Attested:

Troop Leader/Outfit Adviser
(Signature Over Printed Name)

Institutional Head
(Signature Over Printed Name)



INFORMATION SHEET

Name of Candidate: _____ Nick Name: _____

Present School: _____ Place of Birth: _____

Previous School Attended: _____ Date of Birth: _____

Grade/Year: _____ Troop Number: _____ Date Registered: _____

Home Address: _____ Contact Number: _____

Parents/Guardian:

Father: _____ Mother: _____

Occupation: _____ Occupation: _____

SCOUTING ACTIVITIES ATTENDED (International, National, Regional, Council, District, School) LEVEL:

ACTIVITY/IES	LEVEL	DATE	PLACE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AWARDS/RECOGNITION IN SCOUTING:

AWARDS	CITATION	DATE RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify to the correctness of the above information presented. Otherwise, it may cause my disqualification in participating the SOFAD selection.

Submitted by:

Signature of Candidate

ATTESTED:

Name & Signature of Institutional Head

Date

Name & signature of Troop Leader