

PHILIPPINE RED CROSS
Baguio City Chapter
39 Harrison Road, Baguio City
Telefax #: (074) 442-4036
Email Address: baguio@redcross.org.ph

November 16, 2017

DR. FEDERICO P. MARTIN EdD, CESO IV
Superintendent, DepEd Baguio City Division
Member, Board of Directors, PRC-Baguio City
Baguio City, Benguet

Dear Dr. Martin:

Greetings from the Philippine Red Cross-Baguio City Chapter!

As per the Chapter by-laws, one of the seats for the Board of Directors will be represented by the President of the Chapter Youth Council. The local Red Cross Chapter has scheduled to have a Chapter Youth Assembly on December 8, 2017.

In line with this, may we request your good office for an endorsement to be circulated in the Public and Private Elementary & High Schools regarding the following:


1. Submission of their list of Red Cross Youth council officers not later than November 24, 2017.
2. Formation of a Red Cross Youth Council along with a list of their members on November 24, 2017.
3. For the said officers (High School Students) to join the Leadership Development Training (LDP) on December 2 and 3, 2017. The training is free of charge to those who have an active membership for 2017-2018.

Attached herewith are copies of the necessary documents and provisions for the formation of a Red Cross Youth Council.

We look forward with confident hope to grant our request for the success of the revival of the Chapter Youth Council of the Baguio City.

Thank you,

Very Truly Yours,


ANASTACIA B. TAMAYO
Chapter Administrator

To: All School Administrators, Principals & Teachers In-Charge
(Elementary & Secondary)
FOR YOUR INFORMATION & APPROPRIATE ACTION

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


SORAYA T. FACULO, Ph.D.
Officer in Charge
Office of the Assistant Schools Division Superintendent

THE PHILIPPINE RED CROSS
National Headquarters
37 EDSA Corner Boni Avenue Mandaluyong City

RCY COUNCIL OFFICERS INFORMATION SHEET

Name of Council: _____
Council Address: _____

ADVISER

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

PRESIDENT

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

VICE-PRESIDENT

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

SECRETARY

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

ASSISTANT SECRETARY

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

TREASURER

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

ASSISTANT TREASURER

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

AUDITOR

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

PUBLIC RELATIONS OFFICER

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

ASSISTANT PUBLIC RELATIONS OFFICER

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

SPECIAL COMMITTEES

PLEDGE 25

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

YOUTH PEER EDUCATION

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

YAPE/SPECIAL PROJECTS

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

TRAININGS

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

COUNCIL DEVELOPMENT

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

AWARDS & RECOGNITIONS

Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
Contact Number: _____
Blood Type: _____
Birthday: _____
Email Address: _____

THE PHILIPPINE RED CROSS
Red Cross Youth Department
37 EDSA Corner Boni Avenue Mandaluyong City

ACTION PLAN

Chapter: _____
Council: _____

OBJECTIVE	ACTIVITY	PROPOSED DATE & VENUE	MATERIALS NEEDED	BUDGET SOURCE	PERSON/AGENCY INVOLVED	EXPECTED OUTPUT

