



23 AUGUST 2019

JOINT COUNCIL MEMORANDUM
UNNUMBERED s. 2019

2019 SCOUT OFFICIALS FOR-A-DAY (SOFAD) WRITTEN TEST AND INTERVIEW

1. We are pleased to invite Boy Scouts and Senior Scouts (Boy/Girl) and Girl Scouts (Junior/Senior) to the 2019 Scout Officials For-A-Day (SOFAD) activity
2. Hereunder is the schedule of the Written Test and Interview:

| | Date | Time | Venue |
|--------------------|--------------------|-------------------------|--|
| Boy Scouts | | | |
| Boy/ Senior | September 06, 2019 | 08:00 a.m. - 05:00 p.m. | Centennial Hall University of Baguio |
| Girl Scouts | | | |
| Junior Scouts | September 06, 2019 | 08:00 a.m. -12:00 noon | GSP Social Hall Baguio Girl Scouts Office |
| Senior | | 01:00 p.m. - 05:00 p.m. | |

3. The SOFAD is open to all current registered Boy Scouts and Senior Scouts (Boy/Girl) 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 (Boy/Girl) or Junior/Senior Scouts must be duly registered for school year
 - b.2. Boy/Senior Scouts Senior Scouts (Boy/Girl) or Junior/Senior Scouts must be a holder of 2nd class rank for Boy Scouts and Pathfinder for Senior Scouts
 - b.3. Girl Scout candidates must submit a record of earned badges
Must have undergone the Patrol Leader's Campers Permit Course
 - c. **Criteria**


| | | | | | |
|------------------------|---|------|---------------------------|---|------|
| 1. Interview | - | 30 % | 2. Scouting Participation | - | 40 % |
| 3. Written Examination | - | 10 % | 3. Advancement | - | 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 **Wednesday, September 3, 2019**.
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. CE.D. CESO V
 Schools Division Superintendent
 Council Scout Commissioner



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)



SOFAD CANDIDATE INFORMATION SHEET

Name of Candidate: _____ Nick Name: _____
 Present School: _____ Place of Birth: _____
 Previous School Attended: _____ Date of Birth: _____
 Grade/Year: _____ Troop Number: _____ Date Registered: _____
 Badges Earned in 8 point Challenge: _____

NOTE: Photo copy form/Reports submitted in CHQ not later than Aug. 31 2019.

Badges Earned in Special Badges: ___ YUNGA ___ GAT ___ STV ___ Free Being Me
 Patrol Leadership Training: Date _____ Venue: _____
 Have been selected as SOFAD last (year) _____ as (position) _____
 Home Address: _____ Contact Number: _____
 Name Parents/Guardian: _____ Relationship _____
 Name of Father: _____ Occupation: _____
 Name of Mother: _____ Occupation: _____

SCOUTING ACTIVITIES/EVENTS ATTENDED (International, National, Regional, Council, and District):

You may add additional paper if needed

NOTE: Please attach photocopied Certificates:

| ACTIVITY/IES | LEVEL | DATE | PLACE |
|--------------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

GIRL SCOUT CAMPS ATTENDED (International, National, Regional, Council, and District):

You may add additional paper if needed

NOTE: Please attach photocopied Certificates:

| CAMP/S | 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 to participate the SOFAD selection.

Submitted by:

 Candidate's Signature

ATTESTED BY:

 Troop Leader