THIS FORM IS NOT FOR SALE

21ST National Youth Congress On Drug Abuse Prevention Education

Latest 1 x 1 Photo

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- Photocopy,
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I. PERSONAL INFORMATION

NAME

(Last Name)	(First Name)	(Middle Name)

Mailing Address

(No.)	(Street)	(Barangay)
(City)	(Province)	(Zip Code)

Contact Details

Residential Phone No.		Office Phone No. / Fax No.	
Cell Phone No.		E-mail Address	
Date of Birth	Age	Religion	Height
Place of Birth	Sex	Civil Status	Weight

II. EDUCATIONAL BACKGROUND

	School / University	Years Attended	Highest Level Attained / Awards
High School			
College			
Vocational			
Post Graduate			

III. ORGANIZATION REPRESENTED / ENDORSED BY:

Name of Organization/Endorser	Position	Contact Number(s)

IV. INVOLVEMENT(S) IN OTHER YOUTH CLUBS/ORGANIZATIONS

Name of Organization	Date Organized/Established	Designation

V. OTHER ACHIEVEMENT(S)

**Use additional sheet(s) if necessary*

VI. HAVE YOU EVER BEEN INVOLVED WITH ANY ANTI-DRUG ABUSE PROGRAMS OR ACTIVITIES?

Programme/Activity	Date Conducted	Place of Implementation

VII. SWORN STATEMENT

I hereby certify upon my honor that all facts and information indicated herein are true and correct to the best of my knowledge. I further declare that any information given by me, which is untrue, may constitute a ground for expulsion in the NYCC and a prosecution for perjury.

IN WITNESS hereof, I am executing and signing this statement voluntarily without compulsion.

_____

Signature over PRINTED NAME/Date

VIII. QUALIFICATIONS	IX. REQUIREMNTS
• Not less than 18 and not more than 30 years of age on November 21, 2013 • Officer or member of youth serving organization to be represented • Willing to volunteer his/her time, expertise and talents in the service of the Filipino youth through the NYCC-DAPE network for one (1) year.	• Accomplished NYCC Application Form • Endorsement letter from school/community/organization/LGU where the applicant is an officer/member (1 Copy) • Certificate of Attendance to the DAPE Trainer's Training or any DAPE Seminar • Written permission from parents/guardians

NOTE:

- Please submit this form with the requirements **not later than November 03, 2013.** Your cooperation regarding this matter will be highly appreciated.

CONFIRMATION SHEET

_____

_____

_____

Sir/Madamme:

This is to confirm the attendance of the following delegates from _____ to the *21st National Youth Congress on Drug Abuse Prevention Education* which will be held on November 21-24, 2013 in L' Fisher Hotel Bacolod City, Negros Occidental, Philippines.

Name	Designation	Address	Contact No.
1.			
2.			

Additional:

Name	Designation	Address	Contact No.
1.			
2.			
3.			

Adviser's Name

_____

Designation

_____

_____

Signature over PRINTED NAME/Date
(Head of Agency)

NOTE: PLEASE RETURN THIS CONFIRMATION TO THE DANGEROUS DRUGS BOARD TELEFAX (02) 9296638. FOR FURTHER QUERIES, KINDLY CONTACT MS. OFELIA MAGLALANG-LEGASPI (DDB) OR MR. FRANCISCO Y. AMAN (0917-400-7777).