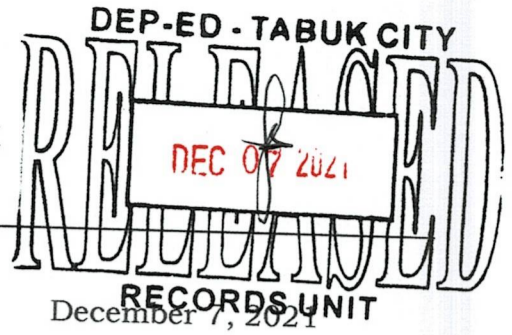




Republic of the Philippines  
**Department of Education**  
Cordillera Administrative Region  
**Schools Division of Tabuk City**

Office of the Schools Division Superintendent




**Division Memorandum**  
No. 350, s. 2021

**SUBMISSION OF RED CROSS YOUTH COUNCIL (RCYC) ACTION PLAN  
AND LIST OF MEMBERS FOR SY 2021-2022**

To: All Public School District SupervisorsL  
All Public Elementary and Secondary School Heads  
All RCYC Teacher - Advisers  
All Others Concerned

1. Pursuant to Memorandum of Agreement between Department of Education and the Philippine Red Cross signed by Sec. Leonor M. Briones (Deped) and Sen. Richard Gordon, PRC Chairman last October 2017 pertaining to **Reorganization/Organization of Red Cross Youth Council** in every school which composed of **One (1) adviser**, and **at least 20 members** who will be our **LITTLE NURSES** or **DRR Volunteers** on the ground.
2. In this connection, all RCYC Teacher-Advisers are requested to submit their School Action Plan and list of members thru google form link: <https://rcycactionplansy2021-2022> on or before January 15, 2022
3. Please refer the attached forms for the crafting of action plan.
4. For more information, question and concerns, please contact Mr. Allan R. Galanza at 0926-585-6670/0939-569-6506 and Ms. Harriet C. Buslig at 0936-617-2027/0909-442-9566.
5. For your information, guidance and immediate compliance.

  
**ESTELA LEON-CARIÑO EDD, CESO III**  
Regional Director and concurrent OIC  
Office of the Schools Division Superintendent



**Address:** City Hall Compd., Dagupan Centro, Tabuk City, Kalinga  
**Email:** [tabuk.city@deped.gov.ph](mailto:tabuk.city@deped.gov.ph)  
**Website:** <https://www.depedtabukcity.com>

THE PHILIPPINE RED CROSS  
National Headquarters  
Manila

**PLAN OF ACTION**

Chapter : KALINGA CHAPTER  
Council : (NAME OF SCHOOL – CATEGORY)

OBJECTIVE	ACTIVITY	PROPOSED DATE AND VENUE	MATERIALS NEEDED	BUDGET SOURCE	PERSON/AGENCY INVOLVED	EXPECTED OUTPUT
1.						
2.						
3.						

Submitted By: \_\_\_\_\_

Noted By: \_\_\_\_\_

Checked By: \_\_\_\_\_

Noted By: \_\_\_\_\_

President, RCY Council \_\_\_\_\_

Adviser, RCY Council \_\_\_\_\_

Chapter Service Representative – RCY \_\_\_\_\_

Chapter Administrator \_\_\_\_\_

Note: Use another sheet if needed.  
RCY-CM-007-2010

THE PHILIPPINE RED CROSS  
National Headquarters  
Manila

**RCY COUNCIL PROFILE**

Name of School/Community: \_\_\_\_\_

Complete Name of Council: \_\_\_\_\_

RCY Council Category:  JRCY     SRCY     CRCY     ComRCY     CYC

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone Nos. : \_\_\_\_\_

Fax Numbers : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

*We, the undersigned, certify that the information appeared thereto are true and correct, we commit to support the activities of the Philippine Red Cross – Red Cross Youth Program knowing the service and the benefits it can give to our pupils/students/constituents. Further to conform to the policies, objectives and to the Seven Fundamental Principles of the Red Cross Movement.*

Submitted by:

\_\_\_\_\_  
President, RCY Council

\_\_\_\_\_  
Adviser, RCY Council

Noted By:

\_\_\_\_\_  
School/Community Head

\_\_\_\_\_  
Chapter Administrator

Chapter: \_\_\_\_\_  
Date (mm/dd/yyyy): \_\_\_\_\_

REGISTRATION CODE <small>(To be filled-up by Chapter)</small>			ACCREDITATION <small>(To be filled-up by the RCY Department )</small>	
CHAPTER CODE	YEAR	COUNCIL CODE	Processed by:	Date:
<input type="checkbox"/> <b>NEW COUNCIL</b> <input type="checkbox"/> <b>RENEWAL</b>				

Kindly accomplish this form in triplicate copies to the RCY Department.

**PHILIPPINE RED CROSS**  
**Red Cross Youth Department**  
**Council Accreditation Application Form**

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1. Category of Council applied for accreditation (Check corresponding box for one which applies)
- Junior Red Cross Council ( for members aged 7-12 years old)
  - Senior Red Cross Youth Council ( for members aged 12-17 years old)
  - Senior Plus Red Cross Youth Council ( for members aged 17-19 years old)
  - College Red Cross Youth Council (for school based members aged 19-25 years old)
  - Community Red Cross Youth (for member young adult professionals aged 19-25 years old)

2. Name of Council: \_\_\_\_\_

3. Name of School/ University: \_\_\_\_\_

4. School/ University Address: \_\_\_\_\_

5. Average Annual School Population: \_\_\_\_\_

6. Name of School Head (Honorary Adviser) : \_\_\_\_\_

7. Name of Adviser/s

❖ \_\_\_\_\_

❖ \_\_\_\_\_

❖ \_\_\_\_\_

8. Status of Accreditation (Check corresponding box for one which applies)

- New council, first accreditation application
- Accredited council applying for level 1 re-accreditation
- Level 1 Accredited council applying for level 2 accreditation status
- Level 2 accredited council applying for level 3 accreditation status
- Level 3 accredited council applying for level 4 accreditation status

9. Date when council was established: \_\_\_\_\_

10. Council/ School/ University email address and phone number: \_\_\_\_\_

---

**A. School Endorsement:**

As a duly appointed official of the school/ university I hereby manifest full support and solemn commitment for the establishment and sustained existence of the above named Red Cross Youth Council.

The council is hereby endorsed for favorable action to be granted with the applied accreditation status.

Name and Signature of Endorsing School/University head: \_\_\_\_\_

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**B. Chapter Endorsement:**

The undersigned hereby endorses for the release of certificate corresponding to the accreditation status being applied for. It has been found to have sufficiently met the requirement set for by the accreditation procedures.

Name and Signature of Chapter Administrator: \_\_\_\_\_

THE PHILIPPINE RED CROSS  
National Headquarters  
Manila

RCY COUNCIL OFFICERS INFORMATION SHEET

Name of Council : \_\_\_\_\_  
Council Address : \_\_\_\_\_

**ADVISER**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**PRESIDENT**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**VICE-PRESIDENT**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**SECRETARY**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**ASSISTANT SECRETARY**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**TREASURER**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**ASSISTANT TREASURER**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**AUDITOR**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**ASSISTANT PUBLIC RELATION OFFICER**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

**PUBLIC RELATION OFFICER**

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Middle Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact no. : \_\_\_\_\_  
Blood type : \_\_\_\_\_ B-day : \_\_\_\_\_  
Email address : \_\_\_\_\_

Kindly accomplish this form in triplicate copies to the RCY Department.

**SPECIAL COMMITTEES**

**PLEDGE 25**

<input type="checkbox"/>	Last Name	:	_____
	First Name	:	_____
	Middle Name	:	_____
	Address	:	_____
		:	_____
	Contact no.	:	_____
	Blood type	:	_____ B-day : _____
Email address	:	_____	

**TRAININGS**

<input type="checkbox"/>	Last Name	:	_____
	First Name	:	_____
	Middle Name	:	_____
	Address	:	_____
		:	_____
	Contact no.	:	_____
	Blood type	:	_____ B-day : _____
Email address	:	_____	

**YOUTH PEER EDUCATION**

<input type="checkbox"/>	Last Name	:	_____
	First Name	:	_____
	Middle Name	:	_____
	Address	:	_____
		:	_____
	Contact no.	:	_____
	Blood type	:	_____ B-day : _____
Email address	:	_____	

**COUNCIL DEVELOPMENT**

<input type="checkbox"/>	Last Name	:	_____
	First Name	:	_____
	Middle Name	:	_____
	Address	:	_____
		:	_____
	Contact no.	:	_____
	Blood type	:	_____ B-day : _____
Email address	:	_____	

**YAPE/SPECIAL PROJECTS**

<input type="checkbox"/>	Last Name	:	_____
	First Name	:	_____
	Middle Name	:	_____
	Address	:	_____
		:	_____
	Contact no.	:	_____
	Blood type	:	_____ B-day : _____
Email address	:	_____	

**AWARDS & RECOGNITION**

<input type="checkbox"/>	Last Name	:	_____
	First Name	:	_____
	Middle Name	:	_____
	Address	:	_____
		:	_____
	Contact no.	:	_____
	Blood type	:	_____ B-day : _____
Email address	:	_____	

Kindly accomplish this form in triplicate copies to the RCY Department.

RCY-CM-004-02-2010