

March 2, 2015

DIVISION MEMORANDUM
No. 141, s. 2015

YOUNG MINDS ACADEMY (YMA)

**To: Assistant Superintendent
Education Supervisors/Coordinators
District Supervisors/OICs
Elementary and Secondary School Heads
Heads, Private Elementary and Secondary Schools**

1. Attached is an invitation from Young Minds Academy (YMA), which is self explanatory.
2. Dissemination of this Memorandum is desired.

ARDEN D. MONISIT, Ed.D.
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent: (032) 255-6405
Asst. Schools Division Superintendent: (032) 414-7457

Website : www.depedcebuprovince.com
E-mail Add : depedcebuprovince@yahoo.com

Subject: INVITATION to APPLY: Young Minds Academy Season 9

From: Sylvia Rosas (sylvia.rosas@rafi.org.ph)

To: ;

Bcc: arden_monisit@yahoo.com;

Date: Tuesday, February 10, 2015 10:13 PM

Good day, friends!

Can you please help us invite young leaders ages 12-20 years to join the 9th Season of the Young Minds Academy? :-

Below are the details of the program:

What is Young Minds Academy?

Young Minds Academy (YMA) is a youth leadership and citizenship development program of the Ramon Aboitiz Foundation Inc. – Eduardo Aboitiz Development Studies Center, which aims to develop the youth to become responsible and accountable leaders and pro-active citizens who are ready to serve the public and its interests. This is done through experiential learning sessions, community visits, immersions, project development, and project implementation anchored on the theme Urban Development with emphasis on Disaster Preparedness and Humanitarian Response.

How to join?

A. Form a team of five (5) members under one of the following categories:

- Generation A : 17-20 years old
- Generation B : 12-16 years old

B. Accomplish the following:

Team requirements

1. Completed team application form (YMA Application Form 01)
2. Letter of recommendation and support from any of the following: school, barangay, office/organization, church, or whatever group the team is representing indicating their willingness and commitment to monitor the team and ensure that they abide by the rules and comply with the requirements of YMA.
3. A Team Accountability Partner who shall serve as a team partner, ensuring and monitoring the team's compliance in YMA requirements.

Individual Requirements

1. Completed individual application form (YMA Application Form 02)
2. Completed medical review and release of liability form (YMA Application Form 03)
3. Certified true copy of birth certificate
4. An essay on "What citizenship means to me" in no more than 300 words (Arial, 11, double spaced, short bond paper)
5. A counterpart contribution of:
 - Public High School Students and Out-of-School Youth - Php600
 - State Universities/ Colleges Students- Php800
 - Private Schools (High School and College) Students - Php1,000

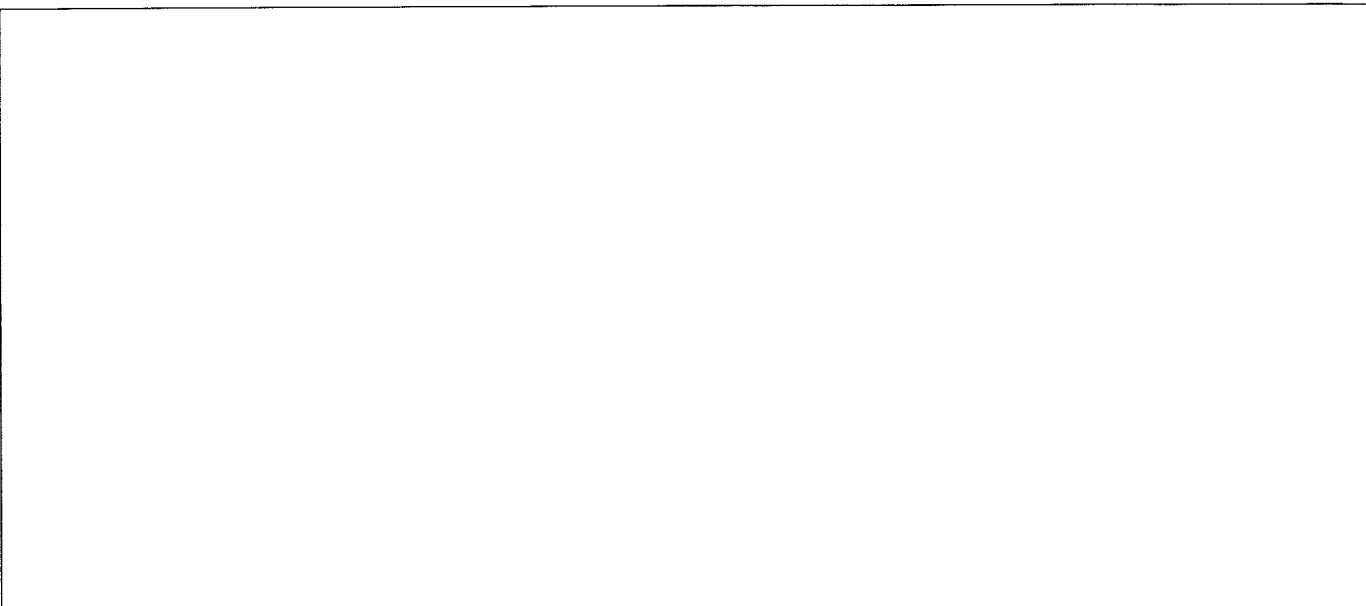
C. Submit completed application forms and requirements to RAFI for short listing and screening. You may mail or submit in person at the following address:

The Executive Director
Eduardo Aboitiz Development Studies Center
Ramon Aboitiz Foundation, Inc.
35 Lopez Jaena St. Cebu City 6000

Deadline for application is on **March 7, 2015**.

Get your application forms from the Eduardo Aboitiz Development Studies Center, 35 Lopez Jaena St., Cebu City or download them at www.rafi.org.ph/yma-application.

For your queries, please feel free to contact us through Jenny Lea Tan at 418-7234 loc 112 or 09233550980 or email jenny.lea.tan@rafi.org.ph.



**YOUNG MINDS ACADEMY
Team Application Form**



**EDUARDO ABOITIZ
DEVELOPMENT
STUDIES CENTER**

I. Check the category that you would like to apply:

- Generation A: 17-20 years old
 Generation B: 12-16 years old

II. Complete the information needed:

Team Member 1	Name: _____ Nick name: _____ Age/Bdate : _____ Gender: _____ Signature: _____	1 x 1 photo
Team Member 2	Name: _____ Nick name: _____ Age/Bdate : _____ Gender: _____ Signature: _____	1 x 1 photo
Team Member 3	Name: _____ Nick name: _____ Age/Bdate : _____ Gender: _____ Signature: _____	1 x 1 photo
Team Member 4	Name: _____ Nick name: _____ Age/Bdate : _____ Gender: _____ Signature: _____	1 x 1 photo
Team Member 5	Name: _____ Nick name: _____ Age/Bdate : _____ Gender: _____ Signature: _____	1 x 1 photo

III. Declaration of Team Interest and Commitment

We, as a team, would like to apply as scholars of the Young Minds Academy, a youth leadership and citizenship development program of the Ramon Aboitiz Foundation Inc. - Eduardo Aboitiz Development Studies Center. We hereby pledge to abide by the rules and regulations as set forth by the Academy and institution. We acknowledge that this is a voluntary program requiring our commitment; thus we declare our unqualified support and cooperation. We acknowledge and recognize that RAFI and its sponsors are investing time and resources in the scholars and its activities. In the event that we fail to complete the program and its requirements, granting we get admitted in the academy, we bind ourselves as a team and agree to compensate RAFI for all expenses it may have incurred for our participation.

Team Member 1 (Signature over printed name)	Date
Team Member 2 (Signature over printed name)	Date
Team Member 3 (Signature over printed name)	Date
Team Member 4 (Signature over printed name)	Date
Team Member 5 (Signature over printed name)	Date

IV. Declaration of Team Accountability Partner's Commitment

(The team must have an accountability partner who shall ensure that the team abides by the rules and complies with the requirements of YMA. He/ She shall serve as the point person and partner in monitoring the team's performance.)

I hereby accept the responsibility of being the team's accountability partner for their participation in the Young Minds Academy. I clearly understand that the intention of the said program is to promote the value, ideals and practice of responsible citizenship and leadership among Filipino youth. As an accountability partner, I commit myself to monitor the team's performance and ensure that the members abide by the rules and comply with the requirements of YMA. I acknowledge and recognize that RAFI and its sponsors are investing time and resources in the scholars and its activities. In the event that the team fails to complete the program and its requirements, granting they get admitted in the Academy, I bind myself together with the team and agree to compensate RAFI for all expenses it may have incurred for the team's participation.

Team Accountability Partner (Signature over printed name)	Date
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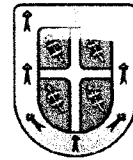
Name of Organization: _____ Designation: _____

Mailing Address: _____

Landline Number: _____ Mobile Number: _____ Email Address: _____

Note: Please also attach a letter of recommendation and support from ANY of the following: school, barangay, office/organization, church, or whatever group the team is representing indicating their willingness and commitment to monitor the team and ensure that they abide by the rules and comply with the requirements of YMA.

YOUNG MINDS ACADEMY Individual Application Form



**EDUARDO ABOITIZ
DEVELOPMENT
STUDIES CENTER**

I. Individual Scholar's Profile

(Complete all the necessary information required and place 'NA' in areas that are not applicable to you.)

PERSONAL PROFILE:

Name : _____

Nickname : _____

Home Address : _____

E-mail add : _____

Phone number: _____ Cell number: _____

Birthday : _____ Birth place : _____

Religion : _____ Nationality : _____

Father's name : _____ Occupation: _____

Mother's name: _____ Occupation: _____

Talents : _____

Hobbies : _____

Grade/Yr level: _____ School : _____

(for presently working)
 Present Position: _____ Company : _____



Name of Brothers/Sisters:

Name	Age

EDUCATIONAL BACKGROUND:

	DEGREE	SCHOOL YEAR	SCHOOL
College/University			
High School			
Elementary			

(You may use the back portion of this paper should you need additional sheet)

ACHIEVEMENTS/ AWARDS RECEIVED:

<u>Achievements/Awards</u>	<u>Year</u>	<u>Organization</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE:

<i>POSITION</i>	<i>COMPANY/ORGANIZATION</i>	<i>YEAR</i>

HEALTH PROFILE:

Allergies : _____
Medications : _____
Other illnesses : _____
Others : _____

In case of emergency, please notify:

Name : _____ Relationship: _____
Tel. number : _____ Cell number: _____
Address : _____

CHARACTER REFERENCES:

NAME	ORGANIZATION	CONTACT NUMBER
1.		
2.		
3.		

I hereby declare and affirm that all the information stated above is true and correct, to the best of my knowledge and ability, and that any false information found may cause termination of my scholarship.

Signature over printed name

Date

II. Release of Liability

I know, understand and recognize that there are significant elements of physical, mental and emotional risks in the activities that may be included in the program. I understand that parts of the training and approaches employed by the academy may be physically and emotionally demanding. I agree to follow all safety instructions given by program staff during the program run. I certify that the level of my participation is in no way forced upon me by anyone, that the way in which I participate is always my own choice, and I knowingly and voluntarily assume all risks associated with my participation in the program/academy.

I release the Ramon Aboitiz Foundation Inc. (RAFI), its staff and Board of Trustees as well as its sponsors, agents and partners from all liability for any damages, including but not limited to, property damage, physical injuries, mental, or emotional stress or death from my participation in the program. I voluntarily sign my name as proof of my acceptance of the above provisions and that I have read and completely understood all aspects of the release form and agree to its terms in its entirety.

Signature of applicant over printed name _____
Date

III. Photo/ Media/ Document Release

I grant the *Ramon Aboitiz Foundation Inc. (RAFI) and its sponsors*, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, sound recording and other documents taken or developed for use in materials they may create.

Signature of applicant over printed name _____
Date

IV. Parent's/ Guardian's Consent

I hereby permit my son/daughter to join the Young Minds Academy, a youth citizenship and leadership development program of the Ramon Aboitiz Foundation Inc. (RAFI) - Eduardo Aboitiz Development Studies Center, in all its activities, workshops and trainings. I clearly understand that the intention of the said program is to promote the value, ideals and practice of responsible citizenship and leadership among Filipino youth. Moreover, I acknowledge that my son/daughter's participation is voluntary and that I release the Ramon Aboitiz Foundation Inc. (RAFI), its staff, Board of Trustees, sponsors, agents and partners from all liability for any damages, including but not limited to, property damage, injuries, mental, or emotional stress or death.

I voluntarily affix my name and signature as proof of my acceptance and consent for my son's/daughter's participation in this program.

_____ Mother/ Guardian (Signature over printed name)	_____ Father/ Guardian (Signature over printed name)
_____ Date	_____ Date

- Please attach the following:*
1. *Completed medical review and release of liability form (YMA Application Form 03)*
 2. *Certified true copy of birth certificate (photocopy)*
 3. *An essay on "What citizenship means to me" in no more than 300 words (Arial, 11, double spaced, short bond paper)*

YOUNG MINDS ACADEMY Participants Medical Review and Liability Release



**EDUARDO ABOITIZ
DEVELOPMENT
STUDIES CENTER**

CONFIDENTIAL INFORMATION

Disclosure

Young Minds Academy, a youth leadership and citizenship program of the Ramon Aboitiz Foundation Inc. - Eduardo Aboitiz Development Studies Center, uses a variety of activities including, but does not limited to, warm-ups, games and other physical, and mental challenges, teambuilding immersions, initiatives, other indoor and outdoor activities. Some of these activities can be physically and mentally demanding. These activities are designed to be within the capability of anyone who is in reasonably good health.

Although safety is a very high priority in all the activities, there is a risk that must be assumed by each participant that he or she may suffer an emotional or physical injury.

The information requested herein are intended to help inform the program staff and to help determine if further medical consultation and examination are recommended prior to participation in the program. This information will be strictly kept confidential by the RAFI Program Staff and only shared with your permission.

PART ONE – GENERAL INFORMATION *(please put a check mark)*

Name : _____ Nickname: _____

Address : _____ CP/Tel. No: _____

Date of Birth : _____ Sex: _____ Height: _____ Weight: _____

YES ___ NO ___ Do you have health/accident insurance?
 If YES, name and address of company: _____

YES ___ NO ___ Do you have any limiting physical or health disabilities or handicaps (temporary or permanent) that you or your doctor feel would limit your participation in the Academy?
 If YES, please identify and explain: _____

YES ___ NO ___ Do you have a special diet? If YES, please explain: _____

IN THE EVENT OF INJURY OR ILLNESS, PLEASE INDICATE WHO SHOULD BE CONTACTED:

Primary Contact Person:

Name: _____ Relationship: _____

Address: _____ CP/Tel. No. _____

Alternative Contact Person:

Name: _____ Relationship: _____

Address: _____ CP/Tel. No. _____

PART TWO- MEDICAL DECLARATION

Young Minds Academy (YMA) scholars will undergo a lot of both indoor and outdoor activities including RAFI's Kool Adventure Camp (KAC). The following are important things to note:

1. Some YMA sessions are conducted outdoors in all weather conditions and involve long hours of physically and mentally demanding activities. Activities may include carrying heavy packs, Challenge Ropes Courses, abseiling, trekking over land, sea kayaking, Urban Backpacking, immersions to the community, etc.
2. To help us ensure your safety, please declare and specify fully and honestly any history of the medical conditions in PART TWO- and carefully consider the possibility of aggravating these conditions if you participate in the course.

To be completed only by Applicant's PARENT or GUARDIAN.

Mark (X) to indicate NO or YES for each question. Do not leave any blank.

If you marked YES anywhere, please encircle the specific medical condition & provide details.

No.	Does the Applicant suffer from, experience or have any history of the following medical conditions? (please check one)	NO (X)	YES (X)	Details of Condition (e.g. severity, date it last occurred, prescribed medication)
1.	Allergic reactions to insect bites, pollens or the like			
2.	Bronchial asthma, exercise-induced asthma, bronchitis, tuberculosis, other lung problem (pls. specify)			
3.	Dizziness, chest pain or unusual shortness of breath while walking or exercising			
4.	Heart Disease, Heart Attack, Palpitations, Heart Murmur			
5.	High Blood Pressure (Hypertension), Stroke, Diabetes			
6.	Thyroid Problems, Blood disorders (leukemia, anemia, thalassemia, hemophilia)			
7.	Seizures/epilepsy, fainting, migraine, headache			
8.	History of severe head injury, nervous system conditions			
9.	Meningitis, severe tonsillitis, kidney problems, hepatitis			
10.	Eye problems, ear problems, vertigo			
11.	Allergy to medicines, foods and others, or medication reactions			
12.	Bone or joint injuries and other Orthopedic conditions (temporary/permanent); e.g. fractures/dislocation, sprains/strains			
13.	Carrier of any infectious diseases (pls. specify)			
14.	Medical treatment or hospitalization within the last two years			
15.	Systemic Lupus Erythematosus, Bipolar Disorder			
16.	Routine or current maintenance medications (pls. specify)			
17.	Any form of physical limitations/disability or impairment, medical limitations (pls. specify)			
18.	Any problems on the following areas: neck, clavicles, shoulders, hips, knees, back, wrist, ankles, or others			
19.	Surgery in the past years or follow-up care from a surgical procedure			
20.	Treatment or therapy for a psychological condition			
21.	Other important medical information (pregnancy, disabilities, obesity, others)			
22.	Active or chronic medical conditions			
23.	Acute anxiety concerning heights/fear of heights, any identified phobias			

Please use separate sheet for details of medical conditions/history if space above is insufficient.

PART THREE- MEDICAL FITNESS ASSESSMENT

Please bring this form to the Doctor for assessment. All applicants are required to undergo a Doctor's assessment before admission. This Medical Fitness Assessment form is for the Doctor to certify if you are medically fit for the KAC and YMA programs. If you marked **YES (X)** for any question in **PART B** or if you are uncertain about any pre-existing medical conditions, we strongly recommend that you raise them to your physician during your consultation.

IMPORTANT NOTE TO DOCTOR:

1. Please refer to **PART TWO** of the Application Form when completing this.
2. Applicants are strongly advised to highlight to the Doctor their previous or current medical conditions. All information will be kept confidential.
3. Certification of Fitness should be based on the ability of the Applicant to cope with the physical and psychological demands of the KAC and YMA Activities.
4. Please do not leave any space blank.

TO BE COMPLETED BY A MEDICAL DOCTOR ONLY

1. I have examined (name) _____ on this date _____
and find her/him: ___ **FIT** / ___ **UNFIT (Please check which is applicable.)** to
participate in the Young Minds Academy and Kool Adventure Camp programs of
RAFI from (date): _____ to _____.

2. The Applicant has ___ **NO KNOWN** / ___ **KNOWN ALLERGY (Please check which is applicable)** to the following: (pls. specify)

- a. Medicine: _____
- b. Food : _____
- c. Others : _____

3. The Applicant's special condition/previous injury requiring attention is/are as follow(s):

4. The activity that he/she should refrain from doing is/ are as follow(s):

Doctor's Name: _____ Signature: _____

Contact No.: _____ License Number: _____

Assessment Date: _____ Address of Clinic: _____

PART FOUR- RELEASE OF LIABILITY

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to release the *Ramon Aboitiz Foundation Inc. (RAFI), its staff, Board of Trustees, sponsors, agents and partners* from any liability. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I know, understand and recognize that there are significant elements of risk in any adventure sport or activity associated with the Academy, physically, mentally and emotionally. I understand that parts of the program may be physically and emotionally demanding. I agree to follow all safety instructions given by program staff during the program run. I certify that the level of my participation is in no way forced upon me by anyone, that the way in which I participate is always my own choice, and I knowingly and voluntarily assume all risks associated with my participation in these activities.

I release the *Ramon Aboitiz Foundation Inc. (RAFI), its staff, Board of Trustees, sponsors, agents and partners* from any liability for any and all damages, including but not limited to, property damage, physical injuries, mental, or emotional stress or death from my participation in the program. I voluntarily sign my name as proof of my acceptance of the above provisions and that I have read and completely understood all aspects of the release form and agree to its terms in its entirety.

Participant's Signature: _____ Date: _____ Program Dates: _____

For participants below 18 years old:

Parent/Guardian's Signature over printed name: _____ Date: _____

For any questions or concerns, please contact us at:

RAFI - Eduardo Aboitiz Development Studies Center
Ramon Aboitiz Foundation, Inc.
35 Lopez Jaena St., Cebu City
Tel. No. : (032) 418-7234 loc 112
Fax. No. : (032) 418-7234 loc 111
Email : jenny.lea.tan@rafi.org.ph