PHILIPPINE RED CROSS

RED CROSS YOUTH DEPARTMENT

COUNCIL ACCREDITATION APPLICATION FORM

1. Category of council applied for accreditation. (Check corresponding box for one which applies).

   Junior Red Cross Youth 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)

2. Name of Council: _____

3. Name of School or 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 duty appointed official of the school/university I hereby manifest full support and solemn commitment for the establishment and sustained existence of the above name Red Cross Youth Council.

   The council is hereby endowed for favorable action to be granted with the applied application status.

   Name and Signature of endorsing School/ University head:_____

B. Chapter Endorsement :

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

   Name and Signature of Chapter Administrator: _____