



Republic of the Philippines  
BUREAU OF AGRICULTURAL AND FISHERIES ENGINEERING  
SRAC Compound, Annex B Building, Ext.  
North Avenue - Diliman, Quezon City  
(0917) 541-0170; (02) 941-9741

## **SUMMER YOUTH PROGRAM APPLICATION**

Requesting Office : BAFE  
Number of Position Requested : 3  
Salary : Minimum Wage as provided by Law  
Duration of Contract : June 03 – August 05, 2024  
Date of Request : May 08, 2024

### **Qualification of Interns:**

- Must be 18-25 years old;
- Must be in a good health condition;
- Must have at least 1<sup>st</sup> dose of booster;
- Must not be related by consanguinity or affinity to any official or employee in the office;
- Must not be a previous participant to the DA SYIP/GIP (No participant shall be recruited/accepted more than once);
- **For students:** College level or senior high school graduate;
- **For out-of-school-youth:** should not have ceased schooling for more than 2 years;
- **For differently abled individuals:** must be able to perform office works (e.g. typing/encoding, sorting, photocopy, etc.)

### **Application Requirements:**

- Application Letter
- Application Form (Annex A)
- Latest Certificate/proof of enrollment documents showing latest attendance to school
- Photocopy of Birth Certificate
- Two (2) 2x2 size ID Picture

**Deadline of Application:** May 17, 2024

Requesting Office	Funds Availability	Recommendation	Approved
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SRA Compound, Annex II Building Ext,  
North Avenue, Diliman, Quezon City  
(02) 8351-8120, (02) 8294-9741

Passport  
Size Picture

(For Summer Youth Program)  
**PERSONAL DATA SHEET**  
Application Form CY 2024

**I. PERSONAL INFORMATION**

NAME (FIRST, MIDDLE, LAST)			
RESIDENTIAL ADDRESS			
DATE OF BIRTH		SEX	
PLACE OF BIRTH		CIVIL STATUS	
CITIZENSHIP			
TELEPHONE NO.		CELLPHONE NO.	

**II. FAMILY BACKGROUND**

FATHER'S	
NAME (FIRST, MIDDLE, LAST)	
OCCUPATION	
BUSINESS ADDRESS	
MOTHER'S	
NAME (FIRST, MIDDLE, LAST)	
OCCUPATION	
BUSINESS ADDRESS	

**III. EDUCATIONAL BACKGROUND**

LEVEL	NAME OF SCHOOL	YEAR GRADUATED/ HIGHEST LEVEL ATTAINED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY			
SECONDARY			
VOCATIONAL			
COLLEGE			

**IV. SKILLS / INTEREST**

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**V. OTHER INFORMATION**

1. Are you related by consanguinity or affinity to any employee/ official of the Department? YES NO If YES, give details \_\_\_\_\_

2. Have you ever been formally charged? YES NO If YES, give details \_\_\_\_\_

2. Have you ever been found guilty/ convicted of any crime or violation of law? YES NO If YES, give details \_\_\_\_\_

3. Are you differently abled? YES NO If YES, give details \_\_\_\_\_

4. Are you a solo parent? YES NO  
 If YES, give details \_\_\_\_\_

**VI. PERSONAL REFERENCES**

NAME	ADDRESS	TELEPHONE NO.

**VII. STATE BRIEFLY WHY YOU WANT TO PARTICIPATE IN THE PROGRAM?**

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 Signature over Printed Name

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 Date Accomplished