Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF DAGUPAN CITY

DepEd SDO Dagupan City
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Office of the Schools Division Superintendent

February 23, 2026

Division Memorandum
No. 131 s. 2026

ESTABLISHMENT OF RED CROSS YOUTH (RCY) ORGANIZATION IN ALL PUBLIC ELEMENTARY AND HIGH SCHOOLS

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools Division Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. In accordance with *DepEd Order No. 13, s. 2022 (Omnibus Guidelines on the Regulation of Operations of PTA- DepEd Authorized Voluntary School Contributions), Deped Memorandum No. 38 s. 2005 (Recognition of Red Cross Youth organization in school)* and *DepEd Memorandum No. 084 s. 2018 (Partnership with Philippine Red Cross for the Promotion of First Aid, Youth Development, Volunteerism, Health and Safety, Community Resilience, and the International Humanitarian Law)*, all schools are encourage to **establish their respective Red Cross Youth (RCY) school-based organizations** in public elementary and high schools within the division.

2. In line with this, Public School Heads of Elementary and High Schools are directed to organize their **Red Cross Youth Council/Organization Officers** for the implementation of the Programs and Projects of the Philippine Red Cross with the Youth Formation Section.

3. For the establishment of a Red Cross Youth Council/Organization, a minimum of twenty (20) bona fide members for Elementary Schools and forty-four (44) bona fide members of Secondary Schools shall be required.

4. The list of elected officers must be submitted to the Youth Formation Unit not later than **March 23, 2026.**

Address: Burgos St., Poblacion Oeste,Dagupan City
Telephone: (075) 653-4101
Website: depeddagupan.com
email:dagupan.city@deped.gov.ph

Office of the Schools Division Superintendent

5. Membership to the Philippine Red Cross requires a minimum **annual membership fee of sixty pesos (P60.00).** Upon payment of the required membership fee, a bona fide member shall be entitled to Personal Accident Assistance Benefit/Insurance coverage, as detailed below:

Benefit	Amount
Accidental Death, Disablement and Dismemberment	P 12,000.00
Unprovoked Murder and Asault	P 12,000. 00
Accidental Medical Reimbursement	P 5, 000.00
Accidental Burial Assistance	P5,000.00
Daily Hospital Allowance	P150.00/ day

6. Membership and collections are on a voluntary basis in compliance with DepEd Order No. 19, s. 2008 or the Implementation of No Collection Policy in All Public Elementary and Secondary Schools.

7. Enclosed herewith are the RCY Starter Kit, Membership Form, Volunteer Application Form for Red Cross Youth Members and Advisers, and Council Accreditation Application Form

8. For queries, schools may coordinate with the Youth Formation Section through the DepEd Tayo- Youth Formation SDO Dagupan page.

9. For immediate dissemination and compliance.

ROWENA G. BANZON EdD, CESO V
Schools Division Superintendent

PHILIPPINE RED CROSS
National Headquarters
Manila

PANGASINAN CHAPTER

RCY COUNCIL OFFICERS INFORMATION SHEET

Name of Council : _____
Council Address : _____
_____

ADVISER

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

PRESIDENT

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

VICE - PRESIDENT

Last Name . _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

SECRETARY

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

ASSISTANT SECRETARY

Last Name : _____
First Name. _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add. _____

TREASURER

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

ASSISTANT TREASURER

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

AUDITOR

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

ASSISTANT PUBLIC RELATION OFFICER

Last Name : _____
First Name: _____
Middle Name: _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

PUBLIC RELATION OFFICER

Last Name : _____
First Name: _____
Middle Name. _____
Address: _____
_____
Contact # : _____
E-mail Add: _____

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

RCY-CM-004-01-2010

10 STEPS IN ESTABLISHING A RED CROSS YOUTH COUNCIL

1. Approval of the School/Community Head
2. Appointment of RCY Advisers
3. Orientation
4. Membership Drive
5. Election of Officers
6. MAAB Registration
7. Establishment of RCY Councils
8. YVFC Training
9. Accreditation of RCY Councils
10. Youth Engagement to the Different Programs & Services

RED CROSS YOUTH

ALWAYS FIRST ALWAYS READY ALWAYS THERE

Philippine Red Cross Tower
37 EDSA cor. Boni Avenue,
Mandaluyong City

RED CROSS YOUTH DEPARTMENT

RCY STARTER KIT

10 BASIC STEPS ON HOW TO ORGANIZE RED CROSS YOUTH COUNCILS

APPROVAL OF THE SCHOOL/COMMUNITY HEAD

Establishment of a Red Cross Youth Council must have a permission from the School Principal/ President/ Administrator or Community Local Chief Executive

APPOINTMENT OF RCY ADVISERS

Choosing of focal persons who will serve as coordinators between the Council and the local Red Cross Chapter and will assist the youth

ORIENTATION

Community and school-wide recruitment of youth members

MEMBERSHIP DRIVE

Community and school-wide recruitment of youth members

ELECTION OF OFFICERS

Choosing of youth officers who will lead the council for a one-year term

MEMBERSHIP & ACCIDENT ASSISTANCE BENEFITS (MAAB) REGISTRATION

An annual membership payment of P60.00

ESTABLISHMENT OF RED CROSS YOUTH COUNCILS

Get recognized by the local Red Cross Chapter

LEADERSHIP DEVELOPMENT PROGRAM TRAINING

A pre-requisite training to become an official RCY Member

ACCREDITATION OF RED CROSS YOUTH COUNCILS

Accomplishment of Council Profile and RCY Database

YOUTH ENGAGEMENT TO THE DIFFERENT PROGRAMS & SERVICES

Mobilization in Disaster Management, Blood, Welfare, Safety, Health RCY, Water Sanitation and Hygiene, International Humanitarian Law & Fund Generation

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 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

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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 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

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 Branch Head: **RAYMUND P. LIM, OIC RED CROSS-DAGUPAN BRANCH**

Name and Signature of Chapter Administrator: **REX VINCENT C. ESCAÑO, OIC RED CROSS-PANGASINAN CHAPTER**

MEMBERSHIP FORM
*Please Fill up this form completely

☐ NEW MEMBER ☐ RENEWAL

☐ JRCY ☐ SRCY ☐ CRCY ☐ ComRCY

☐ RCY MEMBER ☐ ADVISER

Membership Insurance No.:

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NAME
Last Name :
First Name :
Middle Name:

PERSONAL DATA
Complete Address :
Birth Date :
Place of Birth:
Gender :

CONTACT INFORMATION
E-mail Address/es :
Tel./Mobile No. :
Father's Name:
Mother's Name
Complete Address :

IN CASE OF EMERGENCY
Parent/Guardian:
Home Address :
Tel./Mobile No. :

COUNCIL FORMATION
Council Name:

Kindly check the field you want to be part of:

☐ Health ☐ Education
☐ Disaster ☐ First Aider
☐ Blood Donor ☐ Environment

I hereby certify that the information herein is complete, true and correct.

(Signature over Printed Name)

VALIDATION
(to be filled-up by the RCY Council)

Processed by:	Date:

RCY-CM-03-2010

MEMBERSHIP FORM
*Please Fill up this form completely

☐ NEW MEMBER ☐ RENEWAL

☐ JRCY ☐ SRCY ☐ CRCY ☐ ComRCY

☐ RCY MEMBER ☐ ADVISER

Membership Insurance No.:

1 x1 picture with white background

NAME
Last Name :
First Name :
Middle Name:

PERSONAL DATA
Complete Address :
Birth Date :
Place of Birth:
Gender :

CONTACT INFORMATION
E-mail Address/es :
Tel./Mobile No :
Father's Name:
Mother's Name
Complete Address :

IN CASE OF EMERGENCY
Parent/Guardian:
Home Address :
Tel./Mobile No. :

COUNCIL FORMATION
Council Name:

Kindly check the field you want to be part of:

☐ Health ☐ Education
☐ Disaster ☐ First Aider
☐ Blood Donor ☐ Environment

I hereby certify that the information herein is complete, true and correct.

(Signature over Printed Name)

VALIDATION
(to be filled-up by the RCY Council)

Processed by:	Date:

RCY-CM-03-2010

VOLUNTEER APPLICATION FORM FOR RED CROSS YOUTH MEMBERS AND ADVISERS

Date

Name

Birthday

Gender

Language spoken at home

Highest Educational Qualification Achieved

Complete Address

Home phone number

Mobile Phone Number

Email address

Preferred method of communication

Current occupation / study

☐ Work ☐ Study ☐ Full time ☐ Part time

Details:

☐ Work ☐ Study ☐ Full time ☐ Part time

Details:

Current Institution or organization where affiliated

Emergency Contact Details:

Name:

Relationship to you:

Phone 1: Phone 2:

SDO DAGUPAN CITY

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work with Philippine Red Cross' Youth Program. The information may also be required for planning, monitoring, and evaluation purposes. Any report developed will not identify individual volunteers by name. Volunteer data will be stored and managed in PRC's volunteer database which may be shared to the organization's Disaster Operation Center for purposes of emergency volunteer mobilizations. No data will be shared without permission from authorized personnel or consent from the owner of the personal data.

In the same manner, the volunteer shall endeavour to observe the organization's data privacy policy consistent with Republic Act 10173 or the Data Privacy Act of 2012.

☐ Please tick if you would like to receive regular notification on Red Cross Youth events and initiatives

Consent for Minors

By signing this form, I consent for _____, a minor, to join the Red Cross Youth and participate in the activities of the Philippine Red Cross involving children. I understand that the organization is guided by a child protection policy which I also need to observe and promote for the welfare and wellbeing of children.

Signature:

Name: **Date:**

By signing this form, I attest that the information supplied is true and accurate.

I understand that submitting this application form does not automatically register me as volunteer and that necessary volunteer and child protection policy orientation and Red Cross Youth Council Management Course need to be completed.

I recognize that I have the duty and commitment to the safety and wellbeing of all children and young people accessing Red Cross Services through me. I commit to support the rights of the child and will act without hesitation to ensure a child-safe environment is maintained always.

I am aware that I may be called upon to serve within my capabilities and competencies in the event of disasters and emergencies

I understand and expect that the Philippine Red Cross (PRC), its staff and employees will exercise the due diligence and prudence required for my safety and well-being in the entire duration, place, date, and time of my volunteer work. This diligence would include oral or written instructions, whether given before or during the activity, that if followed, would ensure my safety.

I agree to serve on a voluntary basis, without remuneration, and perform in consistent excellence of my conduct, performance and achievements, as I aspire to be a worthy representative of the organization. I will endeavour to bring timely, effective and compassionate assistance to the most vulnerable without consideration of nationality, race, religion, gender, social status or political affiliation.

Signature:

Name: **Date:**