



February 4, 2019

Department Order  
No. 02  
Series of 2019

SUBJECT

**IMPLEMENTATION OF THE SUMMER YOUTH INTERNSHIP  
PROGRAM (SYIP) FOR CY 2019**

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In line with Executive Order No. 139 series of 1993, the Department of Agriculture is once again implementing the Summer Youth Internship Program or Government Internship Program for CY 2019 which is set to achieve the following objectives:

- Initiate the youth to public service. The program shall involve and acquaint the youth participants with the new programs and projects of the government and consequently, draw their support and understanding towards them;
- Serve as a recruitment mechanism for potential public employees. Participants shall be pooled into a manpower reservoir from which participating agencies could draw recruits for its regular workforce by the time they qualify for public employment;
- Extend possible financial assistance for the next school year enrollment. Participating agencies shall provide a stipend or any form of financial help to the GIP participants.

The following guidelines are hereby adopted in the conduct of the DA SYIP/GIP for CY 2019:

1. **Coverage** – The program shall be implemented in the DA Proper, Regional Field Offices, Bureaus, Attached Agencies and Corporations.

The number of participants to be hired shall be determined by the respective heads of the concerned offices subject to availability of funds. For the DA Proper, a total of 70 participants will be funded with 5 slots allotted for differently abled individuals.

2. **Period of Implementation** – The program will run for 45 days starting from April 1 to June 7, 2019 and shall adopt the regular working hours of 8:00 AM to 5:00 PM from Mondays to Fridays.

3. **Qualification of Interns:**

- Shall be 18-25 years old;
- Good health condition;
- 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 high school graduate;
- **For out-of-school-youth:** should not have ceased schooling for more than 2 years;
- **For differently abled individuals:** shall be able to perform office works (e.g. typing/encoding, sorting, photo copy, etc.)



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4. **Selection of Participants** – Applicants shall be required to submit accomplished Application Forms (See attached). They shall be selected based on the results of the interview and written examination administered by the concerned Human Resource Office, but preference shall be given to applicants who are financially needy.
5. **Deployment of Participants** – Accepted participants shall be assigned to selected offices/units considering the requirement of the office and the qualifications of the summer youth intern.
6. **Schedule of Activities** – Each participating DA office shall set its own schedule.

**Funding** – The wages of the participants at P 537.00 per day shall be charged against the funds of respective DA Offices, subject to the usual government accounting and auditing rules and regulations.

This order shall take effect immediately.

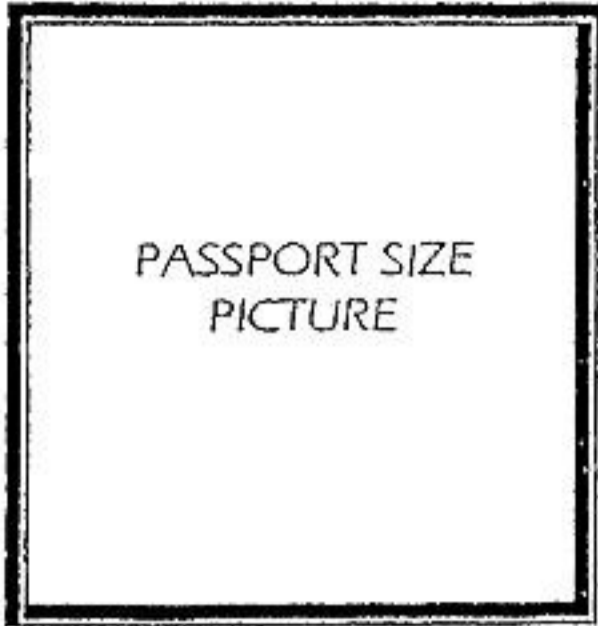
All orders and/or memoranda inconsistent herewith are deemed revoked.

**EMMANUEL R. PIÑOL**  
Secretary

DEPARTMENT OF AGRICULTURE  
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 DEPARTMENT OF AGRICULTURE  
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(For Summer Youth Internship Program)  
**PERSONAL DATA SHEET/  
 APPLICATION FORM CY 2018**

**I. PERSONAL INFORMATION**

SURNAME			
FIRST NAME			
MIDDLE NAME			
DATE OF BIRTH		RESIDENTIAL ADDRESS	
PLACE OF BIRTH			
SEX			
CIVIL STATUS		TELEPHONE NO.	
CITIZENSHIP		CELLPHONE NO.	

**II. FAMILY BACKGROUND**

FATHER'S SURNAME			
FIRST NAME			
MIDDLE NAME			
OCCUPATION			
BUSINESS ADDRESS			
MOTHER'S SURNAME			
FIRST NAME			
MIDDLE NAME			
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 \_\_\_\_\_

3. Have you ever been found guilty/ convicted of any crime or violation of law ?

Yes

No

If YES, give details \_\_\_\_\_

4. Are you differently abled ?

Yes

No

If YES, give details \_\_\_\_\_

5. 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
_____ DATE ACCOMPLISHED