

PAG-ASA YOUTH ASSOCIATION OF THE PHILIPPINES, INC.

City/Municipality and Province: Sta. Ana, Pampanga

Region: 3

OSY SURVEY FORM

Please Print Legibly

I. Identify Data

Name: _____ Sex: _____ Age: _____
 Address: _____ Religion: _____
 Place & Date of Birth: _____
 Name of Father: _____ Name of Mother: _____

II. Siblings (Brothers/Sisters): List of name, age and indicate if OSY / ISY.

NAME	SEX		AGE	GRADE/ YEAR	ISY	OSY
	MALE	FEMALE				

III. School Last Attended: _____ Months & Year: _____

Educational Attainment: _____

IV. Skills: _____

V. Interest/Hobbies: _____

VI. Work/Labor Experience:

MONTH & YEAR	JOB TITLE	MONTHLY INCOME	REASONS FOR LEAVING

VII. Membership on Organizations, Clubs, Society:

NAME OF ORGANIZATION	POSITION HELD, IF ANY	YEAR

VIII. Identified Needs:

- Counseling Services
- Livelihood (Self-Employment)
- Employment
- Scholarship Grant
- Hospitalization/medical
- Others

 Youth Service Provider

 Signature

 Name Youth Group

 Position