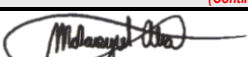


VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	WESTERN LEYTE PROVINCIAL HOSPITAL BAYBAY CITY, LEYTE	04/21/2008	07/31/2008	576 HOURS	NURSING AIDE	
	BAYBAY DOCTORS HOSPITAL BAYBAY CITY, LEYTE	09/01/2008	04/03/2009	1248 HOURS	NURSING AIDE	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	BASIC LIFE SUPPORT HEALTHCARE PROVIDER	09/13/2006	09/16/2006	36 HOURS	FOUNDATION	THE PHILIPPINE NATIONAL RED CROSS
	BASIC LIFE SUPPORT HEALTHCARE PROVIDER	02/27/2008	02/29/2008	24 HOURS	FOUNDATION	THE PHILIPPINE NATIONAL RED CROSS
	ORGANIC VEGETABLES PRODUCTION	06/30/2020	06/30/2020	7 HOURS	FOUNDATION	AGRICULTURE TRAINING INSTITUTE REGIONAL TRAINING CENTER VIII
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	BADMINTON	Training Completion		BADVANZ BAMINTON BAYBAY CITY, LEYTE		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	JULY 13, 2023	