

**SEARCH FOR OUTSTANDING VOLUNTEERS 2024: INDIVIDUAL**

● **National Outstanding Volunteer Award (NOVA)**

\*Providing volunteer assistance or implementing volunteer program/s or project/s in the last three (3) years for the youth and at least last five (5) years for the adult category at the time of submission of nomination. Please refer to the appropriate age range below:

- **Youth Age Group**

- For nominees in all regions except BARMM: 15-30 years old
- For nominees whose address is in BARMM: 15-40 years old

- **Adult Age Group**

- For nominees in all regions except BARMM: 31 years old and above
- For nominees whose address is in BARMM: 41 years old and above

● **Volunteer Lifetime Achievement Award (VLAA)**

\*Engaged in consistent volunteering activities for at least twenty-five (25) years at the time of submission of nomination

*\*PNVSCA promotes inclusivity and equality and welcomes nomination of individuals regardless of sex, age, religion, race, class, ability, language, sexual orientation or gender identity.*

<b>Category</b>	NOVA <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> VLAA	<b>Region</b>	
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**I. BASIC INFORMATION OF THE NOMINEE**

<b>Name of Nominee</b> <i>(First, Middle Initial, Surname)</i>			
<b>Complete Current Address</b>			
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> <i>(Month/Date/Year)</i>	<b>Email Address</b>
			<b>Contact No.</b>
<b>No. of Years as Volunteer</b>		<b>Area/Sector of Volunteer Work</b> <i>(e.g. education, environment, health, etc.)</i>	

**II. BACKGROUND OF THE NOMINEE**

**Source of Income**  
(may select more than one)

Employment  
Name of current Employer/Company:  
Designation:

Business (please specify nominee's business/es):

Others (please specify): \_\_\_\_\_

**Organization or Institutional Affiliation** (Use a separate sheet if necessary)

Name of Organization	Position/Role	Term/Service Period

**II. VOLUNTEER STORY** *(Use a separate sheet if necessary)*

**Motivation for volunteering**

**Most significant accomplishments as a volunteer**

**III. VOLUNTEERING ACTIVITIES**

<b>Title and Description of Volunteering Activity</b> <i>(Please identify maximum of five (5) outstanding volunteering activities of the nominee)</i>	<b>Date and duration</b> (hours covered)	<b>No. of beneficiaries</b>	<b>Type of beneficiaries</b>	<b>Mode of Volunteering</b> <i>(Onsite, online, or hybrid)</i>	<b>Area or site where the volunteering activity was conducted</b>	<b>Specific role or task performed</b> <i>(Head, support, or participant)</i>
1.						
2.						
3.						
4.						
5.						

**Impact of volunteering activities** *(Use a separate sheet if necessary)*

<b>Title of Volunteering Activity</b>	<b>Impact</b>
1.	
2.	
3.	
4.	
5.	

**Plan to sustain the volunteer work** *(Use a separate sheet if necessary)*

**Additional information on volunteering activities** *(Use a separate sheet if necessary)*

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**Who can we contact to verify and request further information on your volunteer work?**

*(When this section is left blank or the contact information is incomplete, the nomination will not be considered)*

<b>Name of Person, Organization or LGU</b> <i>(please do not abbreviate name of organization)</i>	<b>Contact Number</b>	<b>Email Address</b>
1.		
2.		
3.		
4.		
5.		

IV. DETAILS OF NOMINATOR			
<b>Full Name</b> <i>(First name, MI, surname)</i>			
<b>Designation or Position</b>		<b>Affiliation or Organization</b>	
<b>Office Address</b>			
<b>Complete Home Address</b>			
<b>Telephone Number and/or Mobile Number</b>		<b>Email</b>	
V. NOMINEE'S CERTIFICATION			
<hr style="width: 30%; margin: auto;"/> <p><b>Signature above Printed Name of the Nominee</b></p>			
<p>This is to certify to the best of my knowledge that the information herein provided is true and correct. I am also voluntarily submitting myself to the policies and guidelines of the Search for Outstanding Volunteers and give my consent to PNVSCA, NEDA Regional Offices, MMDA, and BARMM-BPDA to verify the information provided in this form. In addition, I am exempting, discharging, and releasing PNVSCA and its officers and staff, as well as the members of the Search Committees from any claim or liability arising from my participation thereto.</p>			
VI. NOMINATOR'S CERTIFICATION AND ENDORSEMENT			
<hr style="width: 30%; margin: auto;"/> <p><b>Signature above Printed Name of the Nominator</b></p>			
<p>This is to certify that I voluntarily nominate this individual to the Search for Outstanding Volunteers. By completing this form, I declare that to the best of my knowledge, the information herein provided is true and correct. I also give my consent to PNVSCA, NEDA Regional Offices, MMDA, and BARMM-BPDA to verify the information provided in this form.</p>			
VII. DATA PRIVACY AND CONFIDENTIALITY			
<p>For any personal data/ information you provided by which you can be identified, rest assured that it will only be used in accordance with the Republic Act No. 10173 or the Data Privacy Act of 2012. We keep personal data/information for as long as it is necessary. If the purpose has been served, personal data collected will be disposed/ discarded in accordance with pertinent laws. You have the right to ask for a copy of any personal data/information we hold about you, as well as to ask for it to be corrected or updated as needed. To do so, please email us at <a href="mailto:info@pnvsca.gov.ph">info@pnvsca.gov.ph</a>.</p>			