

**SEARCH FOR OUTSTANDING VOLUNTEERS 2024: ORGANIZATION**

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

\*Has been providing volunteer assistance consistently for at least five (5) years for the non-profit category and at least three (3) years for the corporate category at the time of submission of the nomination; and the organization must be registered with the Securities and Exchange Commission or PNVSCA or other duly recognized accrediting government institutions; or recognized as a volunteer organization by the local government, local institution or community being provided with volunteer services.

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

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

<b>Category</b>	NOVA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporate <input type="checkbox"/> VLAA <input type="checkbox"/>	<b>Region</b>	
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**I. BASIC INFORMATION OF THE NOMINEE**

<b>Name of Organization</b>			
<b>Complete Address</b>			
<b>Contact No.</b>		<b>Email Address</b>	
<b>Classification</b>	<input type="checkbox"/> Foundation <input type="checkbox"/> NGO <input type="checkbox"/> Employees Association <input type="checkbox"/> Others (please specify): _____		
<b>Date Established</b>		<b>Size of Organization</b>	
<b>No. of years the organization has been implementing volunteer programs, projects, or activities</b>		<b>Area or Sector of volunteer work</b> (e.g. education, environment, health, etc.)	

II. BACKGROUND OF THE NOMINEE			
<b>A. Name and Title of Current Head of Organization</b>			
<b>B. Names of Incorporators or Founding Members</b>			
<b>C. Personnel or Staff Complement</b>			
No. of Paid Employees	Total Regular: ____ Male: ____ Female: ____	Total Contractual: ____ Male: ____ Female: ____	Grand Total: _____
No. of Volunteers Engaged	Total Full Time: ____ Male: ____ Female: ____	Total Part time/Periodic: ____ Male: ____ Female: ____	Grand Total: _____
<b>D. Registration or Accreditation Status</b>	<input type="checkbox"/> SEC <input type="checkbox"/> LGU <input type="checkbox"/> Others (please specify) _____		
<b>E. Organizational or Institutional Affiliation</b>	<input type="checkbox"/> Department of Social Welfare and Development (DSWD) <input type="checkbox"/> Department of Agriculture <input type="checkbox"/> Others (please specify): _____		
<b>F. Source of Funding of Volunteering Activities</b>			

**G. Description of the Organization** *(use a separate sheet if necessary)*

**Vision:**

**Mission:**

**Goals:**

**Core Values:**

**Services/Programs:**

**Most Significant Volunteering Accomplishments:**

**III. VOLUNTEERING ACTIVITIES**

<b>Title and Description of Volunteering Activity</b>	<b>No. of volunteers mobilized</b>	<b>Date and duration (hours covered)</b>	<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>(Lead, organizer, support, or participant)</i>
1.							
2.							
3.							
4.							
5.							

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6.							
7.							
8.							
9.							
10.							

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

**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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**Awards or Recognition Related to Volunteerism**

Title of Award	Nature or Description	Date Given	Awarding Body

**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)*

Name of Person, Organization, or LGU <i>(please do not abbreviate name of organization)</i>	Contact Number	Email Address
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/ 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 that 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 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 emails us at <a href="mailto:info@pnvsca.gov.ph">info@pnvsca.gov.ph</a>.</p>			