



Republic of the Philippines

Regional Development Council
Region IV-A (Calabarzon)

SEARCH FOR OUTSTANDING VOLUNTEER
REGIONAL SEARCH COMMITTEE

16040762

Ref. No. 4-396

19 April 2016

MR. DIOSDADO M. SAN ANTONIO
Regional Director
Department of Education IV-A
Gate 2 Karangalan Village, Cainta, Rizal

*To ADSS
For your appropriate
return, please -
Thank you. God Bless!
JEAN 8/6*

Dear Director San Antonio:

This refers to the Search for Outstanding Volunteers (SOV) for 2016, launched annually by the Philippine National Volunteer Service and Coordinating Agency in coordination with the NEDA Regional Offices.

The SOV aims to recognize and award the outstanding performance and dedication of Filipino volunteers in building strong resilient communities across the country. In this regard, may we again request your help in nominating volunteer individuals, organizations or local chapters of foreign volunteer organizations from among your partners, clients and other interested parties. The guidelines on the SOV are detailed in the webpage http://www.pnvsca.gov.ph/sov/sov_about.php for reference.

Attached are the nomination forms to be accomplished by the nominating agency/official. Please submit accomplished forms to our office not later than 31 May (Tuesday) either through fax (049-545-7756) or email (pmedneda4a@gmail.com).

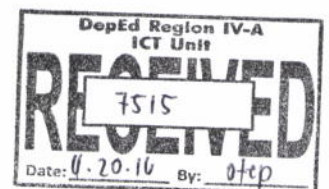
Thank you and regards.

Very truly yours,

[Signature]
LUIS G. BANUA
SOV-RSC Chairperson

PMED/rmka

4/F 2560 Marcelita Building, National Highway, Brgy. Real, Calamba City, Laguna 4027
Telefax. 049 545-7756 | 049 545-0091 • E-mail. rdc.calabarzon@yahoo.com
<http://calabarzon.neda.gov.ph>





SEARCH FOR OUTSTANDING VOLUNTEERS NOMINATION FORM – INDIVIDUAL CATEGORY



Sub-Category: [] Youth
[] Adult

I. Nominee's Profile:

1. Name of Volunteer:	
2. Date of Birth:	3. Age:
4. Permanent Address:	
5. Telephone No.: Mobile Number:	6. Email:
Fax No.:	
7. Name/s and Address/es of Volunteer Organization/s the nominee is presently affiliated:	
8. Duration of volunteer engagement: From _____ to _____	

II. Describe the nominee's reason/s and motivation for volunteering:

III. Describe the nominee's personal, professional and social behaviors in the home, workplace and community. Has the nominee been charged, convicted or has pending administrative, civil or criminal case in court or in any concerned agency/organization?

IV. What are the most significant accomplishment/s of the nominee in his/her volunteer work? Why are these significant?

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V. Summary of Volunteer Work: *(Include ONLY those directly attributed to the nominee. Use additional sheets as needed.)*

Project/Activity	Duration	Target groups/ beneficiaries	Outputs and/or Outcomes <i>(include projects initiated, innovations introduced, resources generated, volunteers mobilized, etc.)</i>	Partner institutions/ Contact Persons and Telephone/ Email

Submitted by:

Name and Signature:	
Designation:	
Name and Address of Organization	
Home Address:	
Tel No./Fax No./Mobile No.	
Email:	



SEARCH FOR OUTSTANDING VOLUNTEERS

NOMINATION FORM – ORGANIZATION CATEGORY



Sub-Category: Not-for-Profit
 Corporate

I. Nominee's Profile:

1. Name of Organization:		
2. Date organization was established:		
3. Head of Organization:	4. Designation:	
5. Permanent Address:		
6. Telephone No.	Fax No.:	7. Email:
8. SEC Registration No.	9. Date of SEC registration:	
10. Duration of organization's volunteering engagement: From _____ to _____		

II. What are the organization's vision, mission and goals and its rationale for implementing its volunteer program/s and activity/ies?

III. Describe the organization's status in the community. Has the organization been charged, convicted or has pending administrative, civil or criminal case in court or in any concerned agency/organization?

IV. What are the most significant accomplishment/s of the organization in its volunteer services? Why do you say that these are significant?

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V. Summary of Volunteer Work: *(Include ONLY those directly attributed to the organization. Use additional sheets as needed.)*

Project/Activity	Duration	Target groups/ beneficiaries	Outputs and/or Outcomes <i>(include projects initiated, innovations introduced, resources generated, volunteers mobilized, etc.</i>	Partner institutions/ Contact Persons and Telephone/ Email

Submitted by:

Name and Signature:	
Designation:	
Name and Address of Organization	
Home Address:	
Tel No./Fax No./Mobile No.	
Email:	