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| --- | --- |
| **ORGANIZATION** | ☐ Non-Profit ☐ Corporate |
| Region:  |
| Name of Organization:  |
| Mailing/Complete Address:  |
| Contact No.  | E-mail Address |
| Classification | ☐ Foundation | ☐ NGO | ☐ Employees’ Association | ☐ Others, specify: |
| Date Established | Size of Organization: |
| Number of years the organization has been implementing volunteer programs/projects/activities | Area/Sector of volunteer work (e.g. education, environment, health, etc.) |
| **BACKGROUND** |
| 1. Name/Title of Current Head of Organization
 |  |
| 1. Name/s of Incorporators/

Founding Members |  |
|  |
|  |
| 1. Personnel/Staff Complement
 |
| No. of Paid Employees | Regular: | Contractual: | Total: |
| No. of Volunteers Engaged | Full Time: | Part time/Periodic: |
| 1. Registration/Accreditation Status
 | ☐ SEC | ☐ LGU | ☐ Others: |
| 1. Organizational/Institutional Affiliation
 | ☐ DSWD | ☐ DA | ☐ Others: |
| 1. Source of Funding of Volunteer Programs/Projects/Activities:
 |
| **DESCRIPTION OF THE ORGANIZATION** *(Use a separate sheet if necessary)* |
| Mission/Vision:Services/ProgramsMost Significant Volunteering Accomplishment/s  |
| **VOLUNTEERING EFFORTS** |
| Program/Activity/Project *(Please specify if PPA is done face-to-face or virtually)* | Duration(hours or period covered | Number and type ofbeneficiaries assisted | Area /Site where the Volunteering PPA was conducted | Specific Role/ Task performed  |
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|  |  |  |  |  |
| Impact of Volunteer Work |
| Plan to sustain the Volunteer Work/Program |
| Additional information on volunteer programs/projects/activities |
| Who can we contact to verify and request further information? *(When this section is left blank or the contact information is incomplete, the nomination will not be considered.)* |
| Name of Person/Organization/LGU | Contact Number | Email address: |
| Name of Person/Organization/LGU | Contact Number | Email address: |
| **NOMINATOR** |
| Name and Signature: |  |
| Designation: |  |
| Name and Address of Organization |  |
| Relationship to the Nominee |  |
| Complete Address: |  |
| Tel No./Fax No./Mobile No. |  |
| Email:  |  |
| By completing this form, I declare that 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.Note: 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 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 patsd@pnvsca.gov.ph. |