ALL SDSs, ... For your information and appropriate action, pls

Regional Development Council

Region IV-A (Calabarzon)

SEARCH FOR OUTSTANDING VOLUNTEER REGIONAL SEARCH COMMITTEE

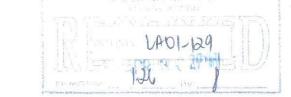
April 16, 2018

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MR. DIOSDADO M. SAN ANTONIO

Regional Director
Department of Education IV-A
Gate 2 Karangalan Village, Cainta, Rizal



Dear Director San Antonio:

This refers to the Search for Outstanding Volunteers (SOV) for 2018, an annual activity of 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 request your assistance 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 can be downloaded from 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/local government unit. Please submit the accomplished forms to our office not later than June 15 (Friday) either through facsimile number (049)545-7756 or email address pmedneda4a@gmail.com.

Our staff, Mr. Ray Michael Kevin Abuso, will coordinate with you regarding this request.

Thank you and best regards.

Very truly yours,

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@gmail.com http://nro4a.neda.gov.ph



SEARCH FOR OUTSTANDING VOLUNTEERS 2018



NOMINATION FORM - INDIVIDUAL CATEGORY

Sub-Category: [] Youth	
I. Nominee's Profile:	
Name of Volunteer:	
2. Date of Birth:	3. Age:
4. Permanent Address:	
5. Telephone No.: Fax No.:	6. Email:
Mobile Number: 7. Name/s and Address/es of Volunteer Organization	/s the nominee is presently affiliated:
	to
Occupation/Source of Income:	
III. Describe the nominee's personal, professional home, workplace and community. Has the nomine pending administrative, civil or criminal case in co- agency/organization?	ee been charged, convicted or has
LIPPINE NATIONAL VOLUNTEER IV What are	





IV. What are the most significant accomplishment/s of the nominee in his/her

volunteer work? Why are these significant?

V. Summary nominee. Use a	of Volunteer V	Vork: (Include ONLY as needed.)	those directly attributed	d to the
Project/Activity	Duration	Target groups/ beneficiaries	Outputs and/or Outcomes (include projects initiated, innovations introduced, resources generated, volunteers mobilized, etc.	Partner institutions/ Contact Persons and Telephone/ Email
Submitted by:				
Name and Signatu	re:			8
Designation:				
Name and Address	of Organization	n		
Home Address:				
Tel No./Fax No./Mo	obile No.		9	
Email:				





SEARCH FOR OUTSTANDING VOLUNTEERS 2018



NOMINATION FORM - ORGANIZATION CATEGORY

Name of Organization:	
Date organization was established:	
Head of Organization:	4. Designation:
5. Permanent Address:	
6. Telephone No. Fax No.:	7. Email:
8. SEC Registration No.	Date of SEC registration:
10. Duration of organization's volunteering engage	gement: Fromto
11. Source of Fund:	
What are the organization's vision, mission implementing its volunteer program/s and a	and goals and its rationale for activity/ies?
What are the organization's vision, mission implementing its volunteer program/s and a	activity/ies?
What are the organization's vision, mission	emmunity. Has the organization bee
What are the organization's vision, mission implementing its volunteer program/s and a second s	emmunity. Has the organization bee
What are the organization's vision, mission implementing its volunteer program/s and a second s	emmunity. Has the organization bee

V. What are the volunteer ser	most significativices? Why do	nt accomplishment/ you say that these	s of the organization in are significant?	its
✓. Summary of vorganization	Volunteer Worl	k: (Include ONLY tho sheets as needed.)	se directly attributed to th	ne
Project/Activity	Duration	Target groups/ beneficiaries	Outputs and/or Outcomes (include projects initiated, innovations introduced, resources generated, volunteers mobilized, etc.	Partner institutions/ Contact Persons and Telephone/ Email
Submitted by:			×	
Name and Signature:				
Designation:				
Name and Addre	ess of Organizat	ion		
Home Address:			5	
Tel No./Fax No./	Mobile No.			
Email:				

	REPUBLIC OF THE PHILIPPINES
Total	PHILIPPINE NATIONAL VOLUNTEER
	SERVICE COORDINATING AGENCY