
A. GENERAL INFORMATION ON REQUESTING HOST ORGANIZATION

1. Name of Requesting Host Organization:

2. Address of Requesting Host Organization:

Tel. No. _____ Fax No. _____

Website: _____ Email Address: _____

3. Type of Organization (Please Check)

- | | |
|--|---|
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> Academic Institution |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> Public |
| <input type="checkbox"/> Provincial Government | <input type="checkbox"/> Private |
| <input type="checkbox"/> Municipal Government | |
| <input type="checkbox"/> City Government | |
| <input type="checkbox"/> Non-Government Organization | |
| <input type="checkbox"/> Civic/Cause Oriented | |
| <input type="checkbox"/> Faith-based | |
| <input type="checkbox"/> Community-based/Peoples' Org. | |
| <input type="checkbox"/> International Org. | |
| <input type="checkbox"/> Others, please specify _____ | |

In the case of NGOs, please attach SEC Registration and Constitution and By-Laws and accreditation with DSWD, DENR, DA, DOLE, CDA or any government agency.

4. Mandate/Purpose of Organization : _____

B. HISTORY OF VOLUNTEER AVAILMENT

5. Details of Requesting Agency's availment of Volunteer Assistance for the last ten (10) years

<i>Project Assisted</i>	<i>Name(s) of Volunteer/ Period of Volunteers Assignment</i>	<i>Activities and Outputs of Volunteers</i>	<i>Status of Project</i>

(Use additional sheet when necessary)

C. PROGRAM/PROJECT TO BE ASSISTED BY THE VOLUNTEER

6. Program/Project [*Information details on the program/project that the volunteer will assist*]

Title _____
 Duration _____
 Location/s _____

Please attach project proposal documents describing the objectives, project components and activities, Brochure, Annual Report, Organizational Set-up and Agreements with Funding Institutions.

7. Duration of Volunteer Assistance Requested: _____
 [*Period where the project needs assistance of volunteer*]

D. DESCRIPTION OF VOLUNTEER REQUESTED

8. Description of Volunteer/s Requested

<i>Field of Specialization</i>	<i>Preferred Qualification</i>			<i>Indicative No. of Vols. Needed</i>	<i>Preferred date of Arrival</i>
	<i>Education (Degree in:)</i>	<i>Experience and Training</i>	<i>Vol. Sending Org.*</i>		

* Australian Volunteers International (AVI); Australia Youth Ambassadors for Development (AYAD); German Development Service (DED); Japan Overseas Cooperation Volunteers (JOCV); Korea Overseas Volunteers; Organization for Industrial, Spiritual & Cultural Advancement (OISCA); United Nations Volunteers (UNV); United States Peace Corps (USPC); Volunteers for Information & Development Assistance (VIDA); Voluntary Service Overseas (VSO); Others, please specify

9. Proposed Volunteer's Workplan *(Prepare one for each volunteer requested)*

Volunteer Field of Specialization:

Program/Project Objectives	Expected Output of Volunteer Assistance	Volunteer Activities	Implementation Period	Funding Allocation & Source

E. SUPPORT TO VOLUNTEER ASSIGNMENT

10. Housing/accommodation which can be provided to or arranged for the volunteer:

11. Supplemental volunteer allowance: Yes _____ No _____. If yes, how much? _____

12. Project related travel support.

Vehicle Travel Allowance Others, pls. Specify _____

13. Equipment, supplies and materials for the volunteer's use:

14. Name/s and position/s of the counterpart worker/s from your organization who will work with the volunteer.

Prepared by : _____
*Printed Name and Signature of
Program /Project Supervisor*

Submitted by: _____
*Printed Name and Signature of
Head of Organization*

Designation

Designation

Date : _____

ACTION TAKEN BY PNVSCA

Approved/Endorsed to _____ Deferred due to _____

Disapproved

Date: _____

JOSELITO C. DE VERA
Executive Director