***Deadline for submission of this form, together with all the attachments, is on 15 OCTOBER 2021. Late submissions will no longer be entertained. You may accomplish this form and email back to us at*** [***info@pnvsca.gov.ph***](mailto:info@pnvsca.gov.ph)***. You may also access and accomplish this in Google form through this link – bit.ly//SOCV2021Org.***

***(PNVSCA promotes inclusivity and equality and welcomes nomination of individuals and groups regardless of sex, age, religion, race, class, ability, language, sexual orientation or gender identity.)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nominee’s Profile** | | | | |
| Name of Organization/Agency: | | | | |
| Type of Organization  ( ) Civil Society Organization/Non-profit/Academic Institution  ( ) Private Company/Corporation  ( ) Informal organization | | | | |
| Address: | | | | |
| Name and Designation of the Head of Organization/Agency: | | | | |
| Name of (Volunteer) Focal Person, if any: | | | | |
| E-mail address: | Contact Number: | | | |
| Website: | Facebook Page: | | | |
| Name of agency/organization where the nominated organization is registered/accredited, e.g. SEC, DSWD, PNVSCA: (answer N/A if not applicable) | | | | |
| **Motivation for volunteering**  ( ) Give back to the community / Help people/communities in need  ( ) For tax-incentive purposes  ( ) For accreditation purposes  ( ) For promotional purposes  ( ) Others, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Characteristics of Actual Volunteer Assistance rendered** | | | | |
| **Volunteer activities conducted (please enumerate)**  1.  2.  3.  4.  5.  *(Please attach additional sheet if needed.)* | | | | |
| **Manner of doing volunteer work**  ( ) Frontline worker  ( ) Face to face and/or virtual but not necessarily frontline  ( ) Virtual/online only | **Total number of volunteer hours rendered *(pls. indicate period covered, e.g. Oct 2020 to Sept 2021)*** | | | **Total number of volunteers mobilized** |
| **Beneficiaries of volunteer service**  ( ) frontline workers  ( ) vulnerable groups (women, children, indigenous people, elderly, PWDs, repatriated OFWs)  ( ) general public  ( ) members/employees of the organization  ( ) others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Number of beneficiaries served/assisted** | |
| **Area of Coverage**  Number of barangays covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Names of barangays/areas:  1.  2.  3.  4.  5.  *(Please attach additional sheet if needed)* | | | **Specific Role in the volunteer service**  ( ) organizer/ facilitator  ( ) participant  ( ) others, please specify | |
| **Additional information you wish to provide regarding the volunteer assistance rendered** | | | | |
| 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: | |
| Are you willing to be part of the Regional Network of Volunteers and continue volunteering?  ( ) Willing  ( ) Willing with some conditions  *Please cite conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ( ) Not Willing | | | | |
| Please check the supporting documents/materials on the list below which you can submit and attach to this form.  ( ) pictures with beneficiaries of volunteer service/s rendered  ( ) receiving copy of donation or Certificate of Appearance in the volunteer activity  ( ) copy of registration documents  ( ) high-resolution copy of the organization’s logo  ***Please send the documents to*** [***info@pnvsca.gov.ph***](mailto:info@pnvsca.gov.ph) ***with the subject “(Complete Name of Organization) Search for Outstanding COVID19 Volunteers”. DEADLINE FOR SUBMISSION OF ENTRIES IS ON 15 OCTOBER 2021. When the checked supported documents are not submitted within the prescribed timeframe, the nomination will not be considered.*** | | | | |
| Name of Person who answered this form/Nominator: | | Relationship with the nominee (e.g. employee): | | |
| Contact Number of Nominator and Nominee:  *Nominator:*  *Nominee:* | | E-mail address of Nominator and Nominee:  *Nominator:*  *Nominee:* | | |
| Signature of the Nominator: | | Signature of the Nominee: | | |
| **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, DILG-NCR, and BARMM- BPDA to verify the information provided in this form.** | | | | |