



REPUBLIC OF THE PHILIPPINES
NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY

PHILIPPINE NATIONAL VOLUNTEER SERVICE COORDINATING AGENCY

MULTI-SECTORAL ADVISORY BODY

CALL FOR NOMINATIONS

Pursuant to Republic Act No: 9418 or the Volunteer Act : of 2007 and Executive Order No. 635, the Multi-Sectoral Advisory Body (MSAB) is created to assist the PNVSCA in the policy review and formulation, and strengthening of linkages between and among volunteer groups.

The MSAB includes, among its members, private sector representatives (PSRs), who shall serve for a two-year term; this may be extended for another term but not to exceed four (4) years as stipulated in the MSAB Resolution No. 01-2012.

Positions for nomination

1. PSR/s from the private academe sector
2. PSR/s from the corporate sector

Expected commitments

1. Provide advice in the formulation of policies and guidelines for the national volunteer service program;
2. Provide consultative and technical advisory services on volunteer matters; and
3. Serve as a forum to enhance and strengthen linkages between and among volunteer groups and communities.

Minimum qualifications

1. A bona fide Filipino organization;
2. Registered with the Securities and Exchange Commission (SEC) and preferably accredited by a government agency;
3. With nationwide geographic coverage and network; and
4. Other qualifications that may be determined by the permanent members of the MSAB.

Documentary requirements

1. Duly accomplished PSR Nomination Form
2. Duly accomplished PSR Nominee Profile Sheet
3. Supporting documents and attachments to PSR Nominee Profile Sheet

Note: The Body reserves the right to ask supporting documents from the applicants/nominees and prescribe form thereof for verification purposes, if so needed.

Submission process

Nominations must be submitted on or before 29 March 2023 to the MSAB Secretariat by email or courier.

Email

policy@pnvsca.gov.ph

Courier

DONALD JAMES D. GAWE

MSAB Vice-chairperson and
Executive Director

Philippine National Volunteer Service
Coordinating Agency, Ground Floor,
Philippine Sugar Center, North Avenue,
Quezon City 1101

For inquiries, please send a message to policy@pnvsca.gov.ph



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PSR Nomination Form

Name of Nominator	
Designation/Position	
Affiliation	
Email	
Contact Number	
Name of Nominator	
Designation/Position	
Affiliation	

To the MSAB Secretariat:

We are pleased to nominate the organization named below in connection with the selection of PSRs to the MSAB:

Name of Organization	
Organization Classification	<input type="checkbox"/> Private Academe Sector <input type="checkbox"/> Not-for-profit <input type="checkbox"/> Corporate Sector
Name of Head of Organization	
Designation/Position	
Email	
Contact Number	

I confirm that I have contacted the nominee and that s/he is willing to be nominated:

Yes No

Name and Signature of
Nominator

Date



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PSR Profile Sheet

General Information

Name of Organization			
Name of Head of Organization			
Position/Designation			
Office Address	Tel. No.		
	Fax No.		
	Email:		
	Website:		
Classification (Check the type that best describes your organization) <input type="checkbox"/> Not-for-profit <input type="checkbox"/> Corporate <input type="checkbox"/> Private Academe <input type="checkbox"/> Others (Please specify)			
Registration (the government entity which granted legal status to the organization) <input type="checkbox"/> SEC _____ CR No. _____ Date _____ <input type="checkbox"/> Others _____ CR No. _____ Date _____ *Attach certified true copy of certificate of registration.			
Accreditation (Indicate the government agency(ies) and/or LGU(s) that have officially acknowledged your organization for purposes of program participation and/or eligibility for development assistance) *If applicable *Attach proof of accreditation			
Organization Overview (state the overview of the organization)			
Services/Activities (state major services/activities of the organization)			
Partners (state the partner organizations/agencies, if there is/are any)			



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Volunteer Engagement

(Please list below the volunteer activities undertaken by your organization from 2016 to present)

Project/Activity Title and Description	Date/s of Implementation	Beneficiaries

* Please attach certificate/s or any proof of volunteer engagement/s.

Conforme

I hereby certify that the above are correct information about the organization and that I accept this nomination, and that if appointed, I commit to attend the meetings and to perform the duties of the position to the best of my ability.

Name and Designation of
Head of Organization

Date