



**Philippine National Volunteer
Service Coordinating Agency**

NEDA Complex, EDSA, Diliman, Quezon City
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REPORT ON VOLUNTEER PLACEMENT

*(To be submitted by Host Agency/Organization within
two months after deployment of volunteer)*

1. Name and Address of Host Agency/Organization:

2. Name of Volunteer/Volunteer Sending Organization:

3. Name and Location Project Assisted by Volunteer:

4. Date of Assumption of Assignment:

5. Indicate the kind of social and technical/
project preparations provided to the volunteer
by your agency/organization:

5.1. Introduction of volunteer to:

	Yes	No
a) Agency's/Organization's staff	<input type="checkbox"/>	<input type="checkbox"/>
b) NEDA Regional Director	<input type="checkbox"/>	<input type="checkbox"/>
c) Local Government Units i.e. City or Municipal Mayor, and Provincial Governor	<input type="checkbox"/>	<input type="checkbox"/>
d) Provincial Director of the Philippine National Police	<input type="checkbox"/>	<input type="checkbox"/>

5.2. Briefings on local environment,
including security measures
and health situation

5.3. Briefings on project, its objectives
and role and responsibilities of
volunteer (Kindly describe briefly):

Prepared by:

Name & Signature of Volunteer's Supervisor

Date: _____

6. Have the Terms of Reference (TOR) for the volunteer been
agreed upon between the organization and volunteer

Yes No. If yes, pls. attach a copy.
If not yet agreed, what are the concerns you and the
volunteer are encountering _____

7. Indicate living and other arrangements made for the
volunteer

7.1. Housing

- Provided or paid for by Host Organization
 - Provided or paid for by sponsoring volunteer
organization
 - Others, pls. Specify _____
- _____

7.2. Project-Related Transportation Requirements

- Vehicle provided
 - Actual costs to be reimbursed
 - Others, pls. Specify _____
- _____

7.3. Pls. list other support facilities such as office
supplies and equipment made available to the
volunteer

8. Are there other matters/issues related to the volunteer
assignment that you want to be addressed?

Yes No. If yes, kindly specify and explain

Attested by:

Head of Agency/Organization

Date: _____

