



**VOLUNTEER SERVICE ORGANIZATION REGISTRATION FORM**

*Please print or type your answers*

1. Name of Organization: \_\_\_\_\_  
\_\_\_\_\_

2. Classification/ Type of Organization:

- |   |   |
|---|---|
| <input type="checkbox"/> Local                                  | <input type="checkbox"/> Foreign                                |
| <input type="checkbox"/> Government                             | <input type="checkbox"/> Non-Government                         |
| <input type="checkbox"/> National Government Agency/Corporation | <input type="checkbox"/> Youth Group                            |
| <input type="checkbox"/> Local Government Agency/Corporation    | <input type="checkbox"/> Corporate Foundation/Group             |
| <input type="checkbox"/> Academic Institution                   | <input type="checkbox"/> Community-based/ People's Organization |
| <input type="checkbox"/> Civic Oriented Association             | <input type="checkbox"/> Others: _____                          |
| <input type="checkbox"/> Women's Organization                   |   |

3. Address in the Philippines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

4. Address of Organization's Head Office (For foreign organizations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

5. Date Organization Established/Founded: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(mm/dd/yy)

6. Organization's Goals and Objectives (Use additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Nature of Volunteer Services:

- Recruitment, training and deployment of volunteers
- Engagement of volunteers in implementing development programs and projects
- Capability building/training for volunteers and volunteer managers
- Promotion and advocacy for volunteerism
- Networking of volunteers and volunteer organizations
- Others: \_\_\_\_\_

8. Benefit/Support Provided to the Volunteers:

- |   |   |
|---|---|
| <input type="checkbox"/> Stipend/Living Allowance | <input type="checkbox"/> Travel allowance       |
| <input type="checkbox"/> Housing                  | <input type="checkbox"/> Recognition/Award      |
| <input type="checkbox"/> Meals                    | <input type="checkbox"/> Job Referrals          |
| <input type="checkbox"/> Insurance                | <input type="checkbox"/> Resettlement Allowance |
| <input type="checkbox"/> Trainings                | <input type="checkbox"/> Others:_____           |

9. Sources of Organization's Funds :

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> Private |
|-------------------------------------|----------------------------------|

DONE IN METRO MANILA, this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**Name, Designation and Signature  
of Head of Organization**

Attachments (as integral part of this registration):

- Bilateral or Memorandum Of Agreement in case of foreign volunteer organizations
- SEC Registration / Certificate of Accreditations/Affiliation for local volunteer organizations
- By-Laws of the Organization, Constitution and Articles of Incorporation, List of Officers
- Certificates of Accreditation/Attestation from respective Foreign Ministry/Embassy for foreign volunteer organizations
- List of registered volunteer members and area of volunteers' specializations
- Information materials such as annual reports, brochure, pamphlets, flyers, fact sheets etc.

Republic of the Philippines )  
City/Municipality of ) S.S.

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ in the City of \_\_\_\_\_; affiant exhibiting his her Community Tax Certificate/ Passport No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
**Notary Public**

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_