

Republic of the Philippines

Department of Education

Region XI SCHOOLS DIVISION OF DIGOS CITY

Office of the Schools Division Superintendent

August 12, 2025

DIVISION MEMORANDUM

SGOD-2025-490

To

Assistant Schools Division Superintendent

Division Chiefs

Public Schools District Supervisors Education Program Supervisors

Public School Heads Public School Teachers

Subject:

CALL FOR NOMINATION FOR THE 2025 SEARCH FOR

OUTSTANDING VOLUNTEERS

This is in reference to the 1st Indorsement dated August 5, 2025, signed by Allan G. Farnazo, Director IV, the Call for Nomination for the 2025 Search for Outstanding Volunteers (SOV). The nomination forms may be downloaded from PNVSCA and DepDev website at www.pnvsca.gov.ph and dro11.depdev.gov.ph respectively. Submit accomplished nomination forms to the Regional Directors of the Department Economy, Planning and Development XI at dro11@depded.gov.ph on or before August 29, 2025.

Relevant details and information are provided in the enclosures.

Immediate and wide dissemination of this Memorandum is directed.

Schools Division Superintender

ACIO, PhD, CESO

nepEd Schools Division of Digos City

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Enclosed: As stated. SGOD/jsa









Republic of the Philippines

Department of Education

DAVAO REGION

1st Indorsement August 5, 2025

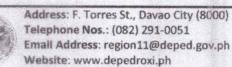
Respectfully referred to all SCHOOLS DIVISION SUPERINTENDENTS, requesting attention to the attached Call for Nomination for the 2025 Search for Outstanding Volunteers (SOV). The nomination forms may be downloaded from PNVSCA and DepDev website at www.pnvsca.gov.ph and droll.depdev.gov.ph, respectively. Submit accomplished nomination forms to the Regional Search Committee (RSC) XI, through its Chairperson, the Regional Director of the Department Economy, Planning and Development XI at drolloadepded.gov.ph on or before August 29, 2025.

Enclosure: As Stated

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REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF ECONOMY. PLANNING, AND DEVELOPMENT

DAVAO REGION

25 July 2025

ALLAN G. FARNAZO
Regional Director
Department of Education XI
Davao City

Dear Director Farnazo:

Greetings!

In recognition of the noble acts of volunteerism in the Philippines, the National Volunteer Month Steering Committee, in coordination with the Philippine National Volunteer Service Coordinating Agency (PNVSCA) has launched the 2025 Search for Outstanding Volunteers (SOV) on July 9, 2025. The scope of the award will cover volunteering activities conducted in the Philippines, excluding volunteer service done for family members, for religious or indoctrination purposes, and initiatives which are part of the academic programs such as the NSTP of academic institutions.

In this regard, may we solicit nominations from your agency of individuals, organizations who can qualify for the 2025 SOV. We would appreciate the assistance of your agency in disseminating information regarding the conduct of the Search.

Attached are the nomination forms on the 2025 SOV for your reference and dissemination. These forms may be downloaded from the PNVSCA and DEPDev websites, www.pnvsca.gov.ph and dro11.depdev.gov.ph, respectively. Kindly submit the accomplished nomination forms to the Regional Search Committee (RSC) XI, through its Chairperson, the Regional Director of the Department of Economy, Planning, and Development XI at dro11@depdev.gov.ph, on or before 29 August 2025.

For inquiries, kindly contact Supervising EDS Janice May A. Cerezo of DEPDev XI through telephone number (082) 296-0160 to 64 local 112.

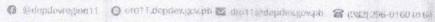
We look forward to your favorable action on this matter.

Thank you and best regards.

Very truly yours,

PRISCILLA R/SONIDO, CESO III Chairperson, SOV-RSC XI and Regional Director, DEPDev XI











			ERS 2025: ORGAI	NIZATION		
		ing Volunteer Awa				
						egory and at least three (3) years for
						e registered with the Securities and
						ecognized as a volunteer organization
by the i	ocai governi	nent, iocai institutio	on or community be	eing provided with volunteer ser	vices.	
- M-1	and Makiman	A - Information Au	and OU AAV			
		Achievement Aw		twenty-five (25) years at the tin	a af aubmiasi	on of agmiration
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Category	NOVA	Non-Profit	Corporate	U VLAA	Region	
I. BASIC INFO	RMATION (OF THE NOMINEE				
Name of Orga	nization					
Complete Add	Iress					
Contact No.				Email Add	dress	
Classification		Foundation	NGO [Employees Association	Others (pl	lease specify):
Date Establis	ned			Size of O	ganization	
No. of years t	ne			Area or S	ector of	
organization I	nas been			volunteer	work	
implementing				(e.g. educ	ation,	
volunteer pro	ograms,			environme	nt, health,	
projects, or a	ctivities			etc.)	Albert of the Association of the	
					SOV NoT hat	ion Form: Or bization Page 1 of 23

II. BA	CKGROUND OF THE NO	MINEE		
A.	Name and Title of Current Head of Organization			
8.	Names of Incorporators or Founding Members			
c.	Personnel or Staff Cor	nplement		
	No. of Paid Employees	Total Regular: Male: Female:	Total Contractual: Male: Female:	Grand Total:
	No. of Volunteers Engaged	Total Full Time: Male: Female:	Total Part time/Periodic: Male: Female:	Grand Total:
D.	Registration or Accreditation Status	SEC LGU	Others (please specify)	
E.	Organizational or Institutional Affiliation	Department of Social Welfar Others (please specify):	e and Development (DSWD) Depart	ment of Agriculture
F.	Source of Funding of Volunteering Activities			
G.	Description of the Org	janization (use a separate sheet if n	ecessary)	

Vision:		
Mission:		
Goals:		
The Organization aims to:		
Core Values:		
Services/Programs:		

fost Significant Volunteering	Accomplishm	ents:					
II. VOLUNTEERING ACTIVITIE	S						
Title and Description of Volunteering Activity	No. of volunteer s mobilized	Date and duration (hours covered)	No. of beneficiaries	Type of beneficiaries	Mode of Volunteering (Onsite, online, or hybrid)	Area or site where the volunteering activity was conducted	Specific role or task performed (Lead, organizer, support, or
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							participant)
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Volunteering Activity	s mobilized	(hours covered)	beneficiaries	beneficiaries	(Onsite, online, or hybrid)	activity was conducted	support, or participant)

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impact of volunteering activities	D (DOO'D CODE					

Plan to sustain the volunteer work (Use a	separate sneet if necessary)		
Additional information on volunteering ac	tivities (Use a separate sneet in	necessary)	

Awards or Recognition Relat	ed to Volunteerism		
Title of Award	Nature or Description	Date Given	Awarding Body
	and request further information on or the contact information is incomplet	your volunteer work? e, the nomination will not be considered)	
	rson, Organization, or LGU abbreviate name of organization)	Contact Number	Email Address
1.			
2.			
3.			
4.			
5.			
IV. DETAILS OF NOMINATOR			
Full Name			
(First name, MI, sumame)			
Designation or Position		Affiliation/ Organization	

Office Address		
Complete Home Address		
Telephone Number and/or Mobile Number	Email	
V. NOMINEE'S CERTIFICATION		
Outstanding Volunteers and give my consent to PNVSCA, D	nation herein provided is true and correct. I am also voluntarily submitting more Regional Offices, MMDA, and BARMM-BPDA to verify the information as well as the members of the Search Committees from any claim or liability arisessement	in provided in this form. In addition, I am exempting,
	Signature above Printed Name of the Nominator	
	Search for Outstanding Volunteers. By completing this form, I declare to the be v Regional Offices, MMDA, and BARMM-BPDA to verify the information provide	
VII. DATA PRIVACY AND CONFIDENTIALITY		
We keep personal data/ information for as long as it is necessa	can be identified, rest assured that it will only be used in accordance with the Re ry. If the purpose has been served, personal data collected will be disposed/ dis hold about you, as well as to ask for it to be corrected or updated as needed, To	scardec in accordance with pertinent laws. You have

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National *Providir category - Y	Outstanding Volunteer as yolunteer assistance or at the time of submission outh Age Group For nominees in all region for nominees whose address of the for nominees in all region for nominees in all region for nominees whose address the tifetime Achievement	implementing volunteer progra of nomination. Please refer to s except BARMM: 15-30 years ess is in BARMM: 15-40 years s except BARMM: 31 years old ess is in BARMM: 41 years old	am/s or project/s in the appropriate age is old sold and above if and above	range below:		least last five (5) years for the adult
*PNVSCA promo	tes inclusivity and equality ar	d welcomes nomination of individ	uals regardless of sex.	age, religion, race, class	s, ability, language, sexu	al orientation or gender identity.
Category	NOVA Youth	Adult	VLAA		Region	
I. BASIC INFO	RMATION OF THE NOR	AINEE				
Name of Nomin	nee (First, Middle Initial,	Surname)				
Complete Curr Address	ent					
	14-1- F1-	Date of Birth	Province of a large of the second	Email Address		
Sex	Male Female	(Month/Date/Year)		Contact No.		
No. of Years as	Volunteer	Area/Sector of Volu (e.g. education, envir etc.)				
II. BACKGROU	ND OF THE NOMINEE					

SOV Nomination Form: Individual | Page 1 of 23

	Employment Name of current Employer/Company: Designation:							
Source of Income (may select more than one)	Business (please specify nomi	inees' business/es):						
	Others (please specify):							
Organization or Institutional	Affiliation (Use a separate sheet if n	ecessary)						
Name of Organization Position/Role Term/Service Pe								
II. VOLUNTEER STORY (Use	a separate sheet if necessary)							
Motivation for volunteerin	Ω							

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Additional information on volunteering ac	tivities (Use a separate sheet if necessary)
Additional mormation on voluntaging ac	wither took a coparate street it heressary)

Who can we contact to verify and request further information on you (When this section is left blank or the contact information is incomplete, the		
Name of Person, Organization or LGU (please do not abbreviate name of organization)	Contact Number	Email Address
2.		
3.		
4.		
5.		
IV. DETAILS OF NOMINATOR		
Full Name (First name, MI, surname)		
Designation or Position	Affiliation or Organization	
Office Address		

Complete Home Address				
Telephone Number and/or Mobile Number		Email		
V. NOMINEE'S CERTIFICATION				
	tropic and the Assault of Committee and South			
	Signa	ature above Printed Name of the Nominee		
	Ladge that the information born	in provided is true and correct. I am also voluntarily	submitting myself to the policies and	audalines of the Rearch for
This is to certify to the best of my know	nsent to PNVSCA, DEPDev Re	gional Offices, MMDA, and BARMM-BPDA to verify	the information provided in this form.	In addition, I am exempting,
discharging, and releasing PNVSCA and	its officers and staff, as well as	the members of the Search Committees from any clair	m or liability arising from my participati	on thereto.
VI. NOMINATOR'S CERTIFICAT	ION AND ENDORSEMEN			
	81	turn about Drinted Name of the Naminat		
	Signa	ture above Printed Name of the Nominato	or .	
This is to certify that I voluntarily nomina	te this individual to the Search fo	or Outstanding Volunteers. By completing this form, I d	eclare that to the best of my knowledg	e, the information herein
provided is true and correct. I also give r	te this individual to the Search for		eclare that to the best of my knowledg	e, the information herein
This is to certify that I voluntarily nomina provided is true and correct. I also give to VII. DATA PRIVACY AND CONF	te this individual to the Search for	or Outstanding Volunteers. By completing this form, I d	eclare that to the best of my knowledg	e, the information herein