



Republic of the Philippines  
**Department of Education**  
REGION XI  
SCHOOLS DIVISION OF PANABO CITY

**Office of the Schools Division Superintendent**

**DIVISION MEMORANDUM**

SGOD-2025-0446

To : Assistant Schools Division Superintendent  
Chief of the Curriculum Implementation Division  
Chief of the School Governance and Operations Division  
Public School District Supervisors  
Public Elementary and Secondary School Heads  
Private Elementary and Secondary School Administrators

Subject : **DISSEMINATION OF SUBMISSION OF ENTRIES FOR THE 2025  
SEARCH FOR OUTSTANDING VOLUNTEERS**

Date : August 18, 2025

Attached herewith is DepEd Regional Memorandum No. ESSD-2025-245, dated August 14, 2025, re: *Dissemination of Submission of Entries for the 2025 Search for the Outstanding Volunteers*, contents of which are self-explanatory.

For your information and compliance.

For and in the absence of the Schools Division Superintendent:

**JANWARIO E. YAMOTA**  
Chief Education Supervisor  
Officer-in-Charge

**RELEASED**

**AUG 19 2025**

RECORDS SECTION-SDO PANABO CITY  
BY 

SGOD/aba/har



P. 10/11



Republic of the Philippines  
**Department of Education**  
DAVAO REGION

August 14, 2025

REGIONAL MEMORANDUM  
ESSD-2025-245

DISSEMINATION OF SUBMISSION OF ENTRIES FOR THE 2025 SEARCH FOR  
THE OUTSTANDING VOLUNTEERS

To: Schools Division Superintendents

1. Herewith is the Regional Disaster Risk Reduction and Management (RDRRMC) Memorandum Order No. 65, S. 2025 from Ednar Gempesaw Dayanghirang, Regional Director, Office of Civil Defense XI, regarding search for the outstanding volunteers, which is self-explanatory.
2. Immediate dissemination of this Memorandum is desired.

Enclosed: As stated.  
ROE6/jav

ALLAN G. FARNAZO  
Director IV

DEPARTMENT OF EDUCATION - DAVAO  
RECORDS SECTION  
**RELEASED**

By: *[Signature]* Date: August 18, 2025  
Time: *[Signature]*





Republic of the Philippines

## REGIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL XI

Door 210, LDL Bldg., C.P Garcia Highway, Davao City (fronting Davao International Airport)

### MEMORANDUM ORDER

NO. 65, s. 2025

13 AUG 2025

Time: 8:30

TO : ALL RDRRMC XI MEMBER-AGENCIES and  
PROVINCIAL/CITY/MUNICIPAL DRRMCs

FROM : CHAIRPERSON, RDRRMC XI

SUBJECT : SUBMISSION OF ENTRIES FOR THE 2025 SEARCH FOR  
THE OUTSTANDING VOLUNTEERS

DATE : 12 August 2025

1. In recognition of the invaluable contributions of volunteers to nation-building, 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.
2. The award covers volunteer activities conducted in the Philippines, excluding service rendered for family members, for religious or indoctrination purposes, and initiatives that are part of academic programs such as the NSTP.
3. In view of, all RDRRMC XI member agencies, P/C/MDRRMCs and volunteer groups are hereby enjoined to submit nominations of individuals and organizations for the 2025 SOV. We likewise encourage the dissemination of this information to your respective networks to widen the reach of the Search. Nomination forms are attached for reference and may also be downloaded from the PNVSCA and DEPDev websites:
  - [www.pnvsca.gov.ph](http://www.pnvsca.gov.ph)
  - [dro11.depdev.gov.ph](http://dro11.depdev.gov.ph)
4. Accomplished forms must be submitted to the Regional Search Committee (RSC) XI, through its Chairperson, the Regional Director of the Department of Economy, Planning, and Development XI, via email at [dro11@depdev.gov.ph](mailto:dro11@depdev.gov.ph) on or before **August 29, 2025**.






Republic of the Philippines

## REGIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL XI

Door 210, LDL Bldg., C.P Garcia Highway, Davao City (fronting Davao International Airport)

5. For inquiries, you may contact **Supervising EDS Janice May A. Cerezo** of DEPDev XI through telephone number **(082) 296-0160 to 64 local 112**.
6. For your guidance and compliance.

  
**DIR. EDNAR GEMPESAW DAYANGHIRANG**  
Chairperson, RDRRMC XI and  
Regional Director, OCD XI

---

RDRRMC Operations Center SMS: +63 917-178-9711; Telefax: (082) 297-7915 / (082) 297-7479

Email: [ocdregion11@gmail.com](mailto:ocdregion11@gmail.com)

Websites: [www.ocd.gov.ph](http://www.ocd.gov.ph) ;

[www.ndrrmc.gov.ph](http://www.ndrrmc.gov.ph)



**SEARCH FOR OUTSTANDING VOLUNTEERS 2025: INDIVIDUAL**

- **National Outstanding Volunteer Award (NOVA)**

\*Providing volunteer assistance or implementing volunteer program/s or project/s in the last three (3) years for the youth and at least last five (5) years for the adult category at the time of submission of nomination. Please refer to the appropriate age range below:

- **Youth Age Group**

- For nominees in all regions except BARMM: 15-30 years old

- For nominees whose address is in BARMM: 15-40 years old

- **Adult Age Group**

- For nominees in all regions except BARMM: 31 years old and above

- For nominees whose address is in BARMM: 41 years old and above

- **Volunteer Lifetime Achievement Award (VLAA)**

\*Engaged in consistent volunteering activities for at least twenty-five (25) years at the time of submission of nomination

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

<b>Category</b>	<b>NOVA</b>	Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> VLAA	<b>Region</b>	
-----------------	-------------	-------	--------------------------------	-------------------------------	---------------	--

**I. BASIC INFORMATION OF THE NOMINEE**

<b>Name of Nominee</b> (First, Middle Initial, Surname)						
<b>Complete Current Address</b>						
<b>Sex</b>	Male	Female	<b>Date of Birth</b> (Month/Date/Year)		<b>Email Address</b>	
					<b>Contact No.</b>	
<b>No. of Years as Volunteer</b>			<b>Area/Sector of Volunteer Work</b> (e.g. education, environment, health, etc.)			

**II. BACKGROUND OF THE NOMINEE**







Most significant accomplishments as a volunteer

**III. VOLUNTEERING ACTIVITIES**

Title and Description of Volunteering Activity <i>(Please identify maximum of five (5))</i>	Date and duration (hours)	No. of beneficiarie s	Type of beneficiaries	Mode of Volunteering <i>(Onsite, online, or hybrid)</i>	Area or site where the volunteering activity was conducted	Specific role or task performed
---	---------------------------------	-----------------------------	--------------------------	---	--	---------------------------------------



<i>outstanding volunteering activities of the nominee)</i>	<i>covered)</i>					<i>(Head, support, or participant)</i>
1.						
2.						
3.						
4.						
5.						

**Impact of volunteering activities** *(Use a separate sheet if necessary)*

<b>Title of Volunteering Activity</b>	<b>Impact</b>
1.	



2.	
3.	
4.	
5.	
Plan to sustain the volunteer work <i>(Use a separate sheet if necessary)</i>	
Additional information on volunteering activities <i>(Use a separate sheet if necessary)</i>	



**Who can we contact to verify and request further information on your volunteer work?**

*(When this section is left blank or the contact information is incomplete, the nomination will not be considered)*

Name of Person, Organization or LGU <i>(please do not abbreviate name of organization)</i>	Contact Number	Email Address
1.		
2.		
3.		
4.		
5.		

**IV. DETAILS OF NOMINATOR**

<b>Full Name</b> <i>(First name, MI, surname)</i>			
<b>Designation or Position</b>		<b>Affiliation or Organization</b>	
<b>Office Address</b>			



<b>Complete Home Address</b>			
<b>Telephone Number and/or Mobile Number</b>		<b>Email</b>	
<b>V. NOMINEE'S CERTIFICATION</b>			
<p style="text-align: center;">_____  <b>Signature above Printed Name of the Nominee</b></p> <p>This is to certify to the best of my knowledge that the information herein provided is true and correct. I am also voluntarily submitting myself to the policies and guidelines of the Search for Outstanding Volunteers and give my consent to PNVSCA, DEPDev Regional 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 claim or liability arising from my participation thereto.</p>			
<b>VI. NOMINATOR'S CERTIFICATION AND ENDORSEMENT</b>			
<p style="text-align: center;">_____  <b>Signature above Printed Name of the Nominator</b></p> <p>This is to certify that I voluntarily nominate this individual to the Search for Outstanding Volunteers. By completing this form, I declare that to the best of my knowledge, the information herein provided is true and correct. I also give my consent to PNVSCA, DEPDev Regional Offices, MMDA, and BARMM-BPDA to verify the information provided in this form.</p>			
<b>VII. DATA PRIVACY AND CONFIDENTIALITY</b>			
<p>For any personal data/ information you provided by which you can be identified, rest assured that it will only be used in accordance with the Republic Act No. 10173 or the Data Privacy Act of 2012. We keep personal data/information for as long as it is necessary. If the purpose has been served, personal data collected will be disposed/ discarded in accordance with pertinent laws. You have the right to ask for a copy of any personal data/information we hold about you, as well as to ask for it to be corrected or updated as needed. To do so, please email us at <a href="mailto:info@pnvsca.gov.ph">info@pnvsca.gov.ph</a>.</p>			



**SEARCH FOR OUTSTANDING VOLUNTEERS 2025: ORGANIZATION**

- **National Outstanding Volunteer Award (NOVA)**

\*Has been providing volunteer assistance consistently for at least five (5) years for the non-profit category and at least three (3) years for the corporate category at the time of submission of the nomination; and the organization must be registered with the Securities and Exchange Commission or PNVSCA or other duly recognized accrediting government institutions; or recognized as a volunteer organization by the local government, local institution or community being provided with volunteer services.

- **Volunteer Lifetime Achievement Award (VLAA)**

\*Engaged in consistent volunteering activities for at least twenty-five (25) years at the time of submission of nomination

<b>Category</b>	<b>NOVA</b>	Non-Profit	Corporate	<input type="checkbox"/> <b>VLAA</b>	<b>Region</b>	
<b>I. BASIC INFORMATION OF THE NOMINEE</b>						
<b>Name of Organization</b>						
<b>Complete Address</b>						
<b>Contact No.</b>					<b>Email Address</b>	
<b>Classification</b>	<input type="checkbox"/> Foundation	<input type="checkbox"/> NGO	<input type="checkbox"/> Employees Association	<input type="checkbox"/> Others (please specify):		
<b>Date Established</b>					<b>Size of Organization</b>	
<b>No. of years the organization has been implementing volunteer programs, projects, or activities</b>					<b>Area or Sector of volunteer work</b> (e.g. education, environment, health, etc.)	



**II. BACKGROUND OF THE NOMINEE**

<b>A. Name and Title of Current Head of Organization</b>			
<b>B. Names of Incorporators or Founding Members</b>			
<b>C. Personnel or Staff Complement</b>			
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: _____
<b>D. Registration or Accreditation Status</b>	SEC      LGU      Others (please specify)		
<b>E. Organizational or Institutional Affiliation</b>	Department of Social Welfare and Development (DSWD) <input type="checkbox"/> Department of Agriculture Others (please specify):		
<b>F. Source of Funding of Volunteering Activities</b>			
<b>G. Description of the Organization</b> <i>(use a separate sheet if necessary)</i>			



**Vision:**

**Mission:**

**Goals:**

The Organization aims to:

**Core Values:**

**Services/Programs:**



**Most Significant Volunteering Accomplishments:**

**III. VOLUNTEERING ACTIVITIES**

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
---	---------------------------------------	--	-------------------------	--------------------------	---	---	--



							participant)
1.							
2.							
3.							
4.							
5.							
<b>Title and Description of Volunteering Activity</b>	<b>No. of volunteer s mobilized</b>	<b>Date and duration (hours covered)</b>	<b>No. of beneficiaries</b>	<b>Type of beneficiaries</b>	<b>Mode of Volunteering (Onsite, online, or hybrid)</b>	<b>Area or site where the volunteering activity was conducted</b>	<b>Specific role or task performed (Lead, organizer, support, or participant)</b>
6.							



7.							
8.							
9.							
10.							
Impact of volunteering activities <i>(Use a separate sheet if necessary)</i>							



**Plan to sustain the volunteer work** *(Use a separate sheet if necessary)*

**Additional information on volunteering activities** *(Use a separate sheet if necessary)*



<b>Awards or Recognition Related to Volunteerism</b>			
<b>Title of Award</b>	<b>Nature or Description</b>	<b>Date Given</b>	<b>Awarding Body</b>
<b>Who can we contact to verify and request further information on your volunteer work?</b> <i>(When this section is left blank or the contact information is incomplete, the nomination will not be considered)</i>			
<b>Name of Person, Organization, or LGU</b> <i>(please do not abbreviate name of organization)</i>		<b>Contact Number</b>	<b>Email Address</b>
1.			
2.			
3.			
4.			
5.			
<b>IV. DETAILS OF NOMINATOR</b>			
<b>Full Name</b> <i>(First name, MI, surname)</i>			
<b>Designation or Position</b>		<b>Affiliation/ Organization</b>	



Office Address			
Complete Home Address			
Telephone Number and/or Mobile Number		Email	

#### V. NOMINEE'S CERTIFICATION

\_\_\_\_\_  
Signature above Printed Name of the Nominee

This is to certify to that best of my knowledge that the information herein provided is true and correct. I am also voluntarily submitting myself to the policies and guidelines of the Search for Outstanding Volunteers and give my consent to PNVSCA, DEPDev Regional 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 claim or liability arising from my participation thereto.

#### VI. NOMINATOR'S CERTIFICATION AND ENDORSEMENT

\_\_\_\_\_  
Signature above Printed Name of the Nominator

This is to certify that I voluntarily nominate this individual to the Search for Outstanding Volunteers. By completing this form, I declare to the best of my knowledge, the information herein provided is true and correct. I also give my consent to PNVSCA, DEPDev Regional Offices, MMDA, and BARMM-BPDA to verify the information provided in this form.

#### VII. DATA PRIVACY AND CONFIDENTIALITY

For any personal data/ information you provided by which you can be identified, rest assured that it will only be used in accordance with the Republic Act No. 10173 or the Data Privacy Act of 2012. We keep personal data/ information for as long as it is necessary. If the purpose has been served, personal data collected will be disposed/ discarded in accordance with pertinent laws. You have the right to ask for a copy of any personal data/information we hold about you, as well as to ask for it to be corrected or updated as needed, To do so please emails us at [info@pnvsca.gov.ph](mailto:info@pnvsca.gov.ph).