



**Philippine National Volunteer  
Service Coordinating Agency**  
NEDA Complex, EDSA, Diliman, Quezon City  
Tel. Nos: 3851729/3810559 Telefax: 4357999  
Email Address: pps.pnvsca@yahoo.com

## VOLUNTEER PLACEMENT REPORT

(To be submitted by the volunteer within two months from deployment)

1. Name of Volunteer/Volunteer Sending Organization: \_\_\_\_\_

Duration of Assignment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_ Cellphone No. \_\_\_\_\_

2. Host Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Have you been introduced by your Host Organization to the following?

	Yes	No	<u>Name/s</u>	<u>Designation</u>
Provincial Government Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Municipal/City Gov't. Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Philippine National Police	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
NEDA Regional Office	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

4. Have you been provided orientation/training by the following? Please also rate/describe them.

	Yes	No	Rating	Remarks
a. Volunteer Sending Organization				
b. Host Organization				
c. PNVSCA				
d. Others, please specify				

Please use the following point system, if applicable: 5-excellent; 4-very good; 3-good; 2-fair; and 1-poor. Use the remarks column for explanation particularly for NO, EXCELLENT and POOR responses.

5. What additional topic would you have liked included and/or discussed more thoroughly in the orientation/training to prepare you better for your assignment.

a) Volunteer sending organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Host organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) PNVSCA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Others, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you been provided with the work-related support by your host organization during this period  
 Please rate them.

	<i>Yes</i>	<i>No</i>	<i>Rating</i>	<i>Remarks</i>
a. Management/supervision				
b. Counterpart				
c. Equipment/supplies/materials				
d. Project funds				
e. Others, please specify:				

*Please use the following point system, if applicable: 5-excellent; 4-very good; 3-good; 2-fair; & 1-poor. Use the remarks column for explanation particularly for NO, EXCELLENT and POOR responses.*

7. Are there potential security concerns in your place of assignment?  Yes  No  
 If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Are there any arrangements made to ensure your and your family's safety and security (if applicable)?  
 Yes  No. Please describe these arrangements \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Please rate the following facilities in your place of assignment:

	<i>Rating</i>	<i>Remarks</i>
a) Communications		
b) Transportation		
c) Medical		

*Please rate using the following point system: 5-excellent; 4-very good; 3-good; 2-fair; and 1-poor.*

**Submitted by:**

\_\_\_\_\_  
 Printed Name and Signature of Volunteer

Date: \_\_\_\_\_