



Republic of the Philippines
CITY OF NAGA

APPLICATION FORM
CASH ASSISTANCE FUND FOR BARANGAY VOLUNTEER WORKERS
(Ord. # 2000-001 as amended by Ord. # 2005-014 and Ord. # 2009-06)

Date:

Name of Volunteer: Last Name First Name Middle Name

Residential Address:

Active in Service: Yes No

Please attach the following documents.

- Appointment Paper
 - Length of service: (has rendered at least 7 years of service if inactive)
 - Official Designation: (BT, BHW, BNS, BSPO, BSFV, BSWV, BET, LM)
- Certification from DILG for Barangay Tanods
- Letter Request from Volunteer Worker / Beneficiary / Claimant to avail of the Cash Assistance Fund
 - Name of Beneficiary / Authorized Representative:
 - Relationship to Volunteer Worker:
- Birth Certificate of Beneficiary / Claimant, if applicable
- Valid Identification Card of Beneficiary / Claimant
- Marriage Contract of surviving Spouse, if applicable

Nature of Claim:

- 1. Hospitalization
 - Original or Certified True Copy attached
 - Medical Certificate by attending physician; and
 - Medical or Case Abstract
 - Is the injury work-related? YES NO
 - How many times have you availed the hospitalization assistance this year?
 - How many times have you been incapacitated? (Please check the appropriate box)
 - not exceeding 15 days
 - exceeding 15 days but not more than 30 days
 - exceeding 30 days but not more than 45 days
 - exceeding 45 days
- 2. Death
 - Original or Certified True Copy attached
 - Death Certificate
 - Nature of Death (Please check the appropriate box)
 - High Blood Pressure Heart Failure
 - Hypertension Others, specify
 - Time of Death (Please check the appropriate box)
 - Within 48 hours from duty More than 48 hours from duty

I hereby certify that the foregoing data hereby provided are true and correct to the best of my/our knowledge.

Signed this of in the year at Naga City, Philippines.

Name and Signature of Volunteer Worker
Claimant

Name and Signature of Authorized
Representative / Beneficiary (ies)

Recommended Amount: P

Date:

Evaluated By:

Approved by:

PACIENCA SJ. TABINAS
City Accountant

NELSON S. LEGACION
City Mayor