



Project Street Outreach (PSO), Inc.

8157 Greenridge Road, Lot A • North Charleston, SC 29406
Office Number (843) 729-8666

APPLICATION FOR BOARD OF DIRECTORS

Full Name _____

Please check one:

Age: ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+

Position Applying for ☐ Executive Director ☐ President ☐ Secretary ☐ Treasurer

Occupation _____

Home Address _____

Home/Mobile Number _____

Email Address _____

Employer Address _____

Employer Number _____

Professional credential/license/certification _____

Please check all that apply:

Race: ☐ White ☐ Black ☐ Pacific Islander
☐ American Indian/Alaska Native ☐ Asian ☐ Other

Ethnicity: ☐ Latino ☐ Asian ☐ Other

Gender Identity: ☐ Female ☐ Male ☐ Female to Male
☐ Gender Queer ☐ Other ☐ Decline to Answer

1. What do you know about the mission of PSO, Inc? _____

2. State briefly why you want to volunteer as a Board of Director. *Note: This is a **non-paying** position.*

3. Please list three (3) references and telephone numbers we can contact to learn about your experience. Do not include family members.

1. _____ Telephone Number _____

2. _____ Telephone Number _____

3. _____ Telephone Number _____

4. Any additional comments

By signing this application, I understand if I am selected, I am dedicating and volunteering my time to meet the needs of the organization and more importantly, supporting our local veterans that require my attention at any given time. I will respect the expectations that are given upon me at the direction of the Board of Directors. In the event I cannot fulfill my role, I will contact the Board of Directors immediately so they can find another suitable candidate.

Signature

Date