

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	□60-6	9 □70+		
Position Applying: Executive Director President Secretary Treasurer Compliance Officer							
Occupation						_	
Home Address							
Home/Mobile Number							
Email Address						_	
Employer Address							
Employer Number							
Professional credential/license/certification							
Please check all that apply:							
Race:	□ White □ American Ir	dian/Alaska Na		Black Asian	Pacific Islander		
Ethnicity:	🗆 Latino			Asian	□Other		
Gender Identity:	□ Female			Vale Other	□ Female to Male □ Decline to Answer		
	🗆 Gender Que						
1. What do you know	about the miss	ion of PSO, Inc?				-	

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