**PSR Nomination Form**

|  |  |
| --- | --- |
| Name of Nominator |  |
| Designation/Position |  |
| Affiliation |  |
| Email |  |
| Contact Number |  |
| Name of Nominator |  |
| Designation/Position |  |
| Affiliation |  |

**To the MSAB Secretariat:**

We are pleased to nominate the organization named below in connection with the selection of PSRs to the MSAB:

|  |  |
| --- | --- |
| Name of Organization |  |
| Organization Classification | [ ] Private Academe Sector  [ ] Not-for-profit  [ ] Corporate Sector |
| Name of Head of Organization |  |
| Designation/Position |  |
| Email |  |
| Contact Number |  |

I confirm that I have contacted the nominee and that s/he is willing to be nominated:

[ ] Yes [ ] No

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and Signature of Nominator |  | Date |

**PSR Profile Sheet**

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization |  | | |
| Name of Head of Organization |  | | |
| Position/Designation |  | | |
| Office Address | | Tel. No. |  |
| Fax No. |  |
| Email: |  |
| Website: |  |
| Classification (Check the type that best describes your organization)  [ ] Not-for-profit[ ] Corporate  [ ] Private Academe  [ ] Others(Please specify) | | | |
| Registration (the government entity which granted legal status to the organization)  ☐ SEC \_\_\_\_\_\_\_\_\_\_\_ CR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Others \_\_\_\_\_\_\_\_\_\_\_ CR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Attach certified true copy of certificate of registration. | | | |
| Accreditation (Indicate the government agency(ies) and/or LGU(s) that have officially acknowledged your organization for purposes of program participation and/or eligibility for development assistance) \*If applicable  \*Attach proof of accreditation | | | |
| Organization Overview (state the overview of the organization) | | | |
| Services/Activities (state major services/activities of the organization) | | | |
| Partners (state the partner organizations/agencies, if there is/are any) | | | |

**Volunteer Engagement**

(Please list below the volunteer activities undertaken by your organization from 2016 to present)

|  |  |  |
| --- | --- | --- |
| Project/Activity Title and Description | Date/s of  Implementation | Beneficiaries |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

\* Please attach certificate/s or any proof of volunteer engagement/s.

**Conforme**

I hereby certify that the above are correct information about the organization and that I accept this nomination, and that if appointed, I commit to attend the meetings and to perform the duties of the position to the best of my ability.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and Designation of  Head of Organization |  | Date |