**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 |