**PELICAN SOUND CHARITABLE FOUNDATION**

**CALL TO SERVE**

**BOARD OF DIRECTORS/COMMITTEE MEMBER APPLICATION**

***Return this form to PS Administration Office***

***OR via email info@pscharitablefoundation.org***

***OR mail to PSCF, 4569 Pelican Sound Boulevard, Estero, Fl 33928.***

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Address in PS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What months are you in residence in PS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*It is not necessary to be a full time resident.*)**

**How long have you lived in Pelican Sound? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*We welcome new as well as longer term residents.*)**

**CHECK AREAS OF INTEREST:**

**\_\_\_\_\_ Board of Directors \_\_\_\_\_ Donor Development Committee**

**\_\_\_\_\_ Events Committee \_\_\_\_\_ Marketing Committee**

**\_\_\_\_\_ Finance Committee \_\_\_\_\_ Volunteer Helper**

**\_\_\_\_\_ Grants Committee**

**\_\_\_\_\_  *I would like to meet to discuss opportunities and responsibilities.***

**Your Background (Skills, Volunteer, and/or Professional Experience):**

**(*There are no specific requirements; Your enthusiasm is most important.)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**