



## Program Manager Application

Philomath Community Services INC

Physical Address: 360 S. 9th Street, Philomath, OR 97370

Mailing Address: PO Box 1334, Philomath, OR 97370

[www.philomathcommunityservices.org](http://www.philomathcommunityservices.org) | 541-929-2499

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Thank you for applying to be a Program Manager for Philomath Community Services (PCS)! Please complete this application as fully as possible. Program Managers are considered ex-officio (non-voting) members of the Board. You must be at least 18 years old to apply. This application will be reviewed for consideration by the Board of Directors. PCS will conduct a background check on all applicants.

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### CONTACT INFORMATION

Full Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Program of Interest:

June's Kids Kloset       Philomath Community Gleaners       Philomath Food Bank

Lupe's Community Garden       Holiday Cheer

### TELL US ABOUT YOURSELF

1. What motivates you to apply as a Program Manager for Philomath Community Services?

\_\_\_\_\_  
\_\_\_\_\_

2. Describe prior management experience or related involvement and length of service.

\_\_\_\_\_  
\_\_\_\_\_

3. What are your current volunteer or work commitments?

\_\_\_\_\_  
\_\_\_\_\_

4. Please tell us anything more about yourself that you feel relevant to your application.

\_\_\_\_\_

Please check the appropriate box indicating the skills and/or experience that you will bring to PCS.

Skill or Knowledge	Very Experienced	Some Experience	Little or No Experience
Organizational Development			
Strategic Planning			
Non-profit organizations			
Information Technology			
Public and Media Relations			
Public Speaking			
Writing, journalism			
Volunteer Programs			
Group Process Decision Making			
Financial Management			
Grant Writing and Research			
Special Event Planning and Implementing			
Business/Retail Management			
CPR Experience			
Other: _____			

**REFERENCES**

I authorize contact with the following references:

Name: Phone: E-mail: Relationship:	Name: Phone: E-mail: Relationship:	Name: Phone: E-mail: Relationship:
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**ACKNOWLEDGMENT**

By signing below, I acknowledge I am applying for a position as a Program Manager and attest:

	Yes	No
I have read, understand, and accept the Consolidated Ethical Expectations for Board members and Managers.	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that I have no conflicts of interest as described in the Consolidated Ethical Expectations for Board members and Managers	<input type="checkbox"/>	<input type="checkbox"/>

I declare the following conflict(s) of interest:

\_\_\_\_\_

I also understand that to process my application I am consenting to a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PCS Board use only*  
 Date Approved: \_\_\_\_\_