

Lutheran Women's Missionary League
"Serve the Lord with gladness." Psalm 100:2

Nomination Form

Term 2010 - 2014, Nominating Committee, 2010 - 2012

The nominated individual should:

- Pray about this opportunity to serve the Lord with gladness.
- Complete this form with all the information requested.
- Attach additional sheets of paper, as needed.
- Know that some of the information provided will be included in the convention manual.
- **Submit the nomination form by the deadline of August 31, 2009 to:**

**Rachel Scott-Brace
23780 Cloverleaf Way
Murrieta, CA 92562**

***Nominated for the office of _____**
(*The offices to be filled are Vice President of Gospel Outreach, Vice President of Human Care, Treasurer, Recording Secretary, and Nominating Committee. Please note that the application for Pastoral Counselor is a separate nominating form.)

Nominee Information

Name: _____

Address: _____

City, State, and ZIP: _____

Telephone (_____) _____ FAX _____

Email: _____

Church Address: _____

Pastor's Name: _____

LWML Zone: _____

1. Past and/or present LWML experience. Include dates of service in sequence, beginning with the most recent date.

Society – Office/Committee	Date

Zone – Office/Committee	Date

District – Office/Committee	Date

National – Office/Committee	Date

2. Church Related Activities. List in sequence, beginning with the most recent date.

Description	Date

3. Community Service. List in sequence, beginning with the most recent date.

Description	Date

4. Employment Information. List in sequence, beginning with the most recent date.

Description /Name of Firm	Date

5. Formal Education. List in sequence, beginning with the most recent date.

Name of School	Date

6. How do you see your spiritual gifts being used in the position for which you are nominated?

7. Are there other positions where you would like to serve? If so, list them and state why or why not at this time.

8. If you are being nominated for a financial office, attach financial statements from work you have done.

9. If elected, I understand that the Executive Committee meets four times a year (February, May, August, and November) and the Board of Directors meets four times a year (March, June, September, and December.)

Signature of Nominee:	Date
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Submitted by (Please Print):	Zone
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Signature of Submitter:	Date
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If you have any questions, please feel free to contact any members of the Nominating Committee.

Rachel Scott- Brace	rachelscottbrace@ca.rr.com
Barbara Olson	olsonba@earthlink.net
Debbie Robarge	jazzyteach@cox.net
Tammy Slater	tamjamzzz@yahoo.com
Joan Warnock	jocoonce@gmail.com
Rev. Larry Bogardus	pastorlarry@ststephenslcms.org

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Nomination Form
Pastoral Counselor

Term 2010 - 2014

The nominated individual should:

- Pray about this opportunity to serve the Lord with gladness.
- Complete this form with all the information requested.
- Attach additional sheets of paper, as needed.
- Know that some of the information provided will be included in the convention manual.
- **Submit the nomination form by the deadline of August 31, 2009 to:**

Rachel Scott-Brace
23780 Cloverleaf Way
Murrieta, CA 92562

Nominee Information

Name: _____

Address: _____

City, State, and ZIP: _____

Telephone (_____) _____ FAX _____

Email: _____

Church Name and Address: _____

LWML Zone: _____

1. Past and/or present LWML experience. Include dates of service, beginning with the most recent date.

<u>Congregation</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Zone _____ **Date** _____

District _____ **Date** _____

National _____ **Date** _____

2. What do you see as the importance of the LMWL?

3. How do you see your role as District Counselor?

4. Seminary Attended:

Name _____ **Date** _____

5. Formal Education. List in sequence, beginning with the most recent date.

Name of School _____ **Date** _____

6. Congregations served. Include dates of service, beginning with the most recent dates.

Congregation	Date

7. Other church and synodical involvement. List in sequence, beginning with the most recent date.

Circuit	Date

District	Date

National	Date

8. Service in the community. List in sequence, beginning with the most recent date.

Description	Date

9. If elected, I understand that the Executive Committee meets four times a year (February, May, August, and November) and the Board of Directors meets four times a year (March, June, September, and December.)

Signature of the Nominee: _____ **Date** _____

Submitted By (Please Print): _____ **Date** _____

Signature of Submitter: _____ **Date** _____

Zone Name and Number: _____

Zone President: _____ **Phone** _____

Signature of the Zone President: _____ **Date** _____

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Pastoral Counselor Congregational Consent Form
(To be completed by a congregational representative)

We are aware and approve the decision of our pastor to serve the Lutheran Women's Missionary League of the Pacific Southwest District in the capacity of Pastoral Counselor. If elected, we understand he will be serving a term of four years, beginning June/July of 2010.

Signature of Congregational Representative:

_____ Date: _____

If you have any questions, please feel free to contact any members of the Nominating Committee.

Rachel Scott-Brace	rachelscottbrace@ca.rr.com
Barbara Olson	olsonba@earthlink.net
Debbie Robarge	jazzyteach@cox.net
Tammy Slater	tamjamzzz@yahoo.com
Joan Warnock	jocoonce@gmail.com
Pastor Larry Bogardus	pastorlarry@ststephenslcms.org