



PERSONAL RESOURCE PROFILE



LUTHERAN WOMEN'S MISSIONARY LEAGUE (LWML)

The information on this form, including names, addresses, and personal data, Will not be shared outside the LWML

Please pray before filling this out.

Dear Lord, as I search out Your will for my life, please send Your Holy Spirit to guide me to the areas that you have called me. Open my eyes to the spiritual gifts You have given me. Help me realistically focus on the sacrificial time and dedication needed for each position. Thank you for this opportunity to place myself in your service. In Jesus' name. Amen

_____	Home Phone (with area code)
NAME (Please Print)	_____
_____	Mobile # (with area code)
Street or P.O. Box	_____
_____	Email: _____
City State Zip	
Circle Age Range: 20-30 40-59 60-69 70+	LWML Zone/District: _____
Congregation Pastor: _____	
Congregation Adress (City & State) _____	

EXPERIENCE:

LWML OFFICES AND COMMITTEE ASSIGNMENTS

Local _____

Zone _____

District _____

CHURCH

Missions _____

Youth _____

COMMUNITY

Missions _____

WORK EXPERIENCE:

Please check the following to indicate your special skills as well as the District committees on which you are interested in serving:

<p>Special Skills</p> <input type="checkbox"/> Artist, general <input type="checkbox"/> Artist, graphics <input type="checkbox"/> Editor <input type="checkbox"/> Journalist <input type="checkbox"/> Leadership <input type="checkbox"/> Meeting Manager <input type="checkbox"/> Musician <input type="checkbox"/> Parliamentarian <input checked="" type="checkbox"/> Proofing <input type="checkbox"/> Public Speaking <input type="checkbox"/> Writer - devotions, stories, etc. <input type="checkbox"/> Writer - Bible studies <input type="checkbox"/> Other (specify) <hr/>	<input type="checkbox"/> Computer programming <input type="checkbox"/> Computer software <input type="checkbox"/> Adobe software proficiency <input type="checkbox"/> Microsoft Office 2016 or 2013 (or at least 2010) <input type="checkbox"/> Microsoft Word/Excel proficiency <input type="checkbox"/> Windows 10 or equivalent in Mac. <input type="checkbox"/> Data maintenance <input type="checkbox"/> Social networking <input type="checkbox"/> Videography <input type="checkbox"/> Web design/maintenance <input type="checkbox"/> WebEx, Skype (Microphone) <input type="checkbox"/> Webmaster	<input type="checkbox"/> Other (specify) <hr/> <p>LWML Committee</p> <input type="checkbox"/> Christian Life <input type="checkbox"/> Christian Resources Editors <input type="checkbox"/> Communication <input type="checkbox"/> Information Technology <input type="checkbox"/> Official Publication Staff (LWQ) <input type="checkbox"/> Graphics Team <input type="checkbox"/> Gospel Outreach <input type="checkbox"/> Gospel Outreach <input type="checkbox"/> Mission Grants <input type="checkbox"/> Mission Servants	<p>Organizational Resources</p> <input type="checkbox"/> Helping Organizations Participate Effectively (H.O.P.E.) <input type="checkbox"/> Leader Development <input type="checkbox"/> Structure <p>Special Focus Ministries</p> <input type="checkbox"/> Young Women <input type="checkbox"/> Heart to Heart Sisters <p>Marketing</p> <input type="checkbox"/> Marketing Team
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Technology Skills

 Audio/podcast
 Basic Computer Skills/C LWML Zone proficiency

Please indicate any specialized degrees or training you have had (e.g., communication, graphics, investments, finance, etc.)

Please describe any involvement or experience you have had with visioning, strategic planning or other planning training in your congregation, LWML community, or work.

How many hours per week can you dedicate to LWML? _____

Other comments or information that will assist us.

Return form by email to:

denkinsf@aol.com

Serve the Lord with Gladness!!

Acknowledgement

I certify that the information on this application is accurate and complete. I understand LWML may contact other LWML members and LCMS pastors in the process of considering my involvement. I authorize LWML to investigate my responses on this application and contact any individuals familiar with me or my background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me. I understand that this document is NOT an offer of employment and that any work performed by me for LWML is as a volunteer and not for pay.

Signature