

## Pacific Southwest District LWML PASTORAL COUNSELOR INFORMATION FORM

Please type or print

rease type or prim			
The following individual is nomin	nated for the position of Pa	storal Cou	nselor:
Nome			
Name Last	First		Middle Name/Initial
Address			
Street			
City	State	Zip	
Phone #	Email:		
Area Code/Number			
Church Name and Address			
LWML Zone			
_			
	Biographical Inform	ation	
1. Educational background (Colle	ege and Seminary):		
<b>Educational Institution</b>	Diploma or Degr	ee	Date

**2.** Congregations served – Chronologically, beginning with the most recent date.

3. Past and/or present LWML experience – Chronologically, beginning Counselor for:	with the most recent date. <b>Date</b>
Society:	
Zone:	
4. Other church and Synodical involvement: Chronologically, beginning	g with the most recent date.
Activity	Date
5. Community Service – Chronologically, beginning with the most recent de	ate.
Description	Date
6. Describe your vision for the role of LWML – Pacific Southwest Di This statement, or excerpts of it, will be included in the convention manual for office. If additional space is required, please include an attachment.	
7. What do you think are the most important activities/roles of the L	.WML?
8. If elected, I understand that the Pastoral Counselor is a member which meets two to four times a year and the Board of Directors which meets a year. (The current logistics involve a Zoom Executive Committee Directors meeting.)	nich also meets also two to four
(Initial here to acknowledge this understanding)	

If elected, I consent to serve for a term of four years					
Congregational Consent  (To be completed by the Congregational President where the Pastor is currently serving)					
We are aware of and approve the decision of our pastor	If he is elected, we				
Signature of Congregational President	Date				

Please attach a recent color portrait type photo (3x5 or 4x6) with this form – or send electronically.

Please forward this form, including required signatures and photo(s) to: Carol Vigliotti, Nominating Committee Chairman 33748 Emerald Creek Court, Temecula, CA 92592 760-519-2036 – cell or <a href="mailto:carolVigliotti@aol.com">carolVigliotti@aol.com</a>

## Please submit ASAP - the completed form must be received by Carol Vigliotti by <u>October 31, 2021</u>.

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

Carol Vigliotti (Chairman)	760-519-2036	carolVigliotti@aol.com
Elizabeth Cross	702-994-2367	Elizabeth.cross81@gmail.com
Linda Koch	858-414-4618	lwmlbutterfly@gmail.com
Marie Canonge Burkhardt		marieconange@gmail.com
Michelle Fritz	480-323-9684	cynnabun98@gmail.com
Rev. Tim Jenks	805-990-8841	pastortimcplc@gmail.com