



Pacific Southwest District  
 LWML PASTORAL COUNSELOR INFORMATION FORM

*Please type or print*

**The following individual is nominated for the position of Pastoral Counselor:**

Name \_\_\_\_\_  
 Last First Middle Name/Initial

Address \_\_\_\_\_  
 Street

City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Area Code/Number

Church Name and Address \_\_\_\_\_

LWML Zone \_\_\_\_\_

**Biographical Information**

**1. Educational background (College and Seminary):**

Educational Institution	Diploma or Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**3. Past and/or present LWML experience – Chronologically, beginning with the most recent date.**  
**Counselor for: \_\_\_\_\_ Date \_\_\_\_\_**

Society:

Zone:

**4. Other church and Synodical involvement: Chronologically, beginning with the most recent date.**

**Activity \_\_\_\_\_ Date \_\_\_\_\_**

**5. Community Service – Chronologically, beginning with the most recent date.**

**Description \_\_\_\_\_ Date \_\_\_\_\_**

**6. Describe your vision for the role of LWML – Pacific Southwest District Pastoral Counselor?  
This statement, or excerpts of it, will be included in the convention manual if you are selected as a candidate for office. If additional space is required, please include an attachment.**

**7. What do you think are the most important activities/roles of the LWML?**

**8. If elected, I understand that the Pastoral Counselor is a member of the Executive Committee which meets two to four times a year and the Board of Directors which also meets also two to four times a year. (The current logistics involve a Friday night Executive Committee meeting, an overnight stay and a Saturday Board of Directors meeting finishing mid-afternoon the first Saturday of March, June, September and December.)**