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

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City State Zip

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Area Code/Number

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

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

**Biographical Information**

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

**Educational Institution Diploma or Degree Date**

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**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.)**

**\_\_\_\_\_\_\_\_ (Initial here to acknowledge this understanding)**

**If elected, I consent to serve for a term of four years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Nominee

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve the LWML of the Pacific Southwest District in the capacity of Pastoral Counselor. If he is elected, we understand he will be serving a term of four years, beginning June/July 2020.**

**He will be serving a term of four years beginning June/July 2024.**

**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:**

**Nancy Heredia**

**1070 Deangelis Dr.**

**Henderson, NV 89015**

**Please submit ASAP - the completed form must be received**

**by Nancy Heredia by October 31, 2023.**

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

Nancy Heredia (Chairman) nlhnlh4C@yahoo.com 775-304-3379

Mary Coppenger marymcop@msn.com 909-838-5389

Jackie Heddlesten jheddlesten@cox.net 949-439-4976

Linda Merkle merklel65@hotmail.com 760-780-8811

Nancy Pendelton nspend54@gmail.com 928-257-6257