

1. Educational background (High school, graduate/post graduate):

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

2. Present occupation –

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

Committee or Office	Date
Society -	
Zone –	
District -	
National –	

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

Employer, Title, Professional Responsibilities	Date
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5. Church related activities – List in sequence, beginning with the most recent date:

Activity/Office/Committee	Date
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6. Community Service – List in sequence, beginning with the most recent date.

Description	Date
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7. Additional helpful information not included in above.

8. What spiritual gift/gifts has the Holy Spirit granted to you? How will these gifts assist you in carrying out the mission of the LWML if you are elected?

**9. What is your vision for the Lutheran Women’s Missionary League – Pacific Southwest District?
Please write your personal vision statement. This statement 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.**

10. If you are being nominated for a position in the area of finance, please provide and attach examples of any financial statements you have prepared.

11. I understand that as an officer of the LWML PSD, I will remain a communicant member of an LCMS congregation and attend that church regularly.

12. If elected, I understand that the Executive Committee meets two to four times a year (usually March, June, September and December) and the Board of Directors meets also two to four times a year. The current logistics involve a Zoom meeting. Dates will be published.

13. Would you be willing to serve in any other office or LWML committee? Yes ___ No ___ Please be specific.

I understand that as an officer of the LWML PSD, I will remain a communicant member of an LCMS congregation and attend church regularly.

If elected, I consent to serve for a term of four years _____
(Nominating Committee two years)

Signature of Nominee

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

Please forward this form, including required signatures and photo(s) to:
Clovia Denkins, Chairman
3980 Welland Ave
Los Angeles, CA. 90008

**Please submit ASAP but note that the completed form must be received
by Clovia Denkins by October 31, 2025**

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

Clovia Denkins (Chairman) denkinsf@aol.com 213-446-7713

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