



Lutheran Women's Missionary League-Canada Inc.

WILLING TO SERVE

LUTHERAN WOMEN'S MISSIONARY LEAGUE-CANADA
of Lutheran Church-Canada

A. LWML-Canada refers to the entire league including Society through National. Please supply a specific level when asked to complete the form. Completion of section H is necessary for all levels of LWML- Canada – you are simply asked to read the attached policy forms.

B. Contact information and signature:

By my signature I give consent for the following information to be used for the carrying out of the position to which I am appointed for the benefit of LWML-Canada.

Name (printed) _____ Phone _____

Address _____ Email _____

Province _____ Postal Code: _____

_____ Date _____ Signature _____

Member of LWML-Canada District _____

Member of LWML-Canada Zone _____

Member of LWML-Canada Society _____

C. I hereby show my willingness to serve on the following level(s) of LWML-Canada and have listed positions and committees which interest me in under section D.

Level – check one or more

Society Zone District National

I understand that my willingness to serve does not necessarily indicate I will be contacted to serve. I will however have the opportunity to accept a position or an appointment if contacted by a Zone President/Representative, VP District Administration, LWML-Canada President, or any of the other Vice Presidents on the National level.

D. I have served or am presently serving LWML-Canada in the following offices/committees:

Year(s) _____ Office / Committee/Level _____

E. I would be interested in serving in the following positions, on specific committees, or assisting on a shorter-term project or task.

1. _____ 2. _____

3. _____ 4. _____

F. I have served my congregation in the following areas:

G. My gifts/talents and specific interests include:

H. I have read and understand the LWML–Canada Privacy Policy, the LWML–Canada Commitment to Privacy and the Privacy Protection Pledge

These are found on the LWML–Canada website at www.lutheranwomen.ca

I. Signatures required upon submission:

Your Pastor’s signature is required for all levels

Your Zone President’s signature is required for Zone level

Your VP District Administration signature is required for District and National levels

Pastor Name (printed)	LWML–Canada Zone President Name (printed)	LWML–Canada VP District Administration Name (printed)
<hr/>	<hr/>	<hr/>
Signature	Signature	Signature
	<hr/>	
	Triennium year	

* Further comments may be added below or on the back of this form.