



Lutheran Women’s Missionary League–Canada Inc.

WILLING TO SERVE

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 number: _____

Address: _____ .Email address: _____

Province: _____ .Postal Code: _____

LWML–Canada District _____

Signature

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 or District President or by the President or Vice Presidents on the National level.

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

Years	Office / Committee / Level

E. I would be interested in serving in the following positions OR on the following committees:

1.	2.
3.	4.

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

G. My gifts/talents 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 District President’s signature is required for District and National levels

Pastor Name (printed)	LWML–Canada Zone President Name (printed)	LWML–Canada District President Name (printed)
_____	_____	_____
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____

Triennium year

District (for Society, zone and district personnel) _____

National (for national personnel) _____

NOTE: Include both triennium years if willing to serve on both district and national levels.

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