

Volunteer Profile

NAME _____ DATE OF THIS PROFILE _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____

ZONE _____ PREFERRED METHOD OF CONTACT MAIL EMAIL PHONE

CONGREGATION _____ PASTOR _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

POSITIONS OF INTEREST _____

EXPERIENCE

Volunteer: LWML _____

Paid _____

Volunteer: Church _____

Skills or Gifts _____

Volunteer: Community _____

Specialized Degrees or Training _____

Send the completed form to the LWML RMD president (president@lwmlrmd.org) and the LWML RMD nominating committee chairman (nomcom@lwmlrmd.org). Thank you.