PERSONNEL RESOURCE PROFILE
LUTHERAN WOMEN IN MISSION

_____ Name	_____ Date
_____ Street or P.O. Box	_____ Home Telephone (with Area Code)
_____ City State ZIP	_____ Mobile Telephone (with Area Code)
☐ 20–29 ☐ 30–39 ☐ 40–49 ☐ 50–59 ☐ 60+ Age Range	_____ Work Telephone (with Area Code)
_____ Spouse's Name	_____ Fax (with Area Code)
_____ LWML District	_____ E-Mail
_____ Congregation	_____ Congregation Address (City & State)

EXPERIENCE

Volunteer:

LWML _____

_____

_____

_____

Church _____

_____

_____

_____

Community _____

_____

_____

Paid:

_____

_____

_____

There's more … please complete the other side!

The information on this form, including names, addresses, and personal data, will not be shared outside the LWML.

Check the appropriate topic to indicate gifts, talents, special skills, and suggested committee appointments.

Gifts

- ❑ Administration
- ❑ Discernment
- ❑ Evangelism
- ❑ Hospitality
- ❑ Leadership
- ❑ Mercy
- ❑ Prayer
- ❑ Service/Helping
- ❑ Teaching
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Special Skills

- ❑ Artist
- ❑ Editor
- ❑ Graphic Artist
- ❑ Journalist
- ❑ Meeting Manager
- ❑ Musician
- ❑ Parliamentarian
- ❑ Therapist
- ❑ Video skills
- ❑ Writer
- ❑ Computers (list skills)
- ❑ _____
- ❑ _____
- ❑ _____

National Committee

- ❑ Christian Life
- ❑ Christian Life Resource Editors
- ❑ Mission Advocacy/Grants
- ❑ Gospel Outreach
- ❑ Human Care
- ❑ Media/Marketing
- ❑ Official Publication Staff
- ❑ HOPE
- ❑ Leader Development
- ❑ Structure
- ❑ _____

OTHER COMMENT

_____

_____

_____

_____

_____

_____

I have been involved with Mission-Ministry Vision (MMV) Planning or other planning/training …

Please explain:

_____

_____

_____

_____

_____

Return form to: **Jan Wendorf, President**
Lutheran Women's Missionary League
2167 Hunter's Lane
Grafton, WI 53024
Or send via fax to: **(262) 375-2330**
E-mail address: **janlwml@gmail.com**