

# 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](mailto:president@lwmlrmd.org)) and the LWML RMD nominating committee chairman ([nomcom@lwmlrmd.org](mailto:nomcom@lwmlrmd.org)). Thank you.

