



## AREA OFFICER SELF-EVALUATION FORM

**This form is for computer use; or, you can print and fill in by hand.**

Officer's Name \_\_\_\_\_ Date \_\_\_\_\_

Leadership Team \_\_\_\_\_ Position \_\_\_\_\_

Years you have served in your present position \_\_\_\_\_ Total years on team \_\_\_\_\_

**Instructions: Answer each question as fully as possible. Return to review committee chairwoman. She will forward copies to the review committee.**

Describe your relationship with the Lord at this time.

\_\_\_\_\_

Describe your relationship with other team members.

\_\_\_\_\_

What are your major giftings, strengths, and life/work experiences which help qualify you for this position? (List at least three) How will they be utilized to lead Lighthouse leaders?

\_\_\_\_\_

How do you rate your follow-through on assignments?

\_\_\_\_\_

What do you feel are the primary leadership responsibilities of an area officer?

\_\_\_\_\_

Do you have the necessary time and good health to lead and carry out the responsibilities of your position?

\_\_\_\_\_

How does your family feel about you serving on this Aglow team?

\_\_\_\_\_

What is your ministry passion?

\_\_\_\_\_

How does your ministry passion fit into this position?

\_\_\_\_\_

What are your personal passions (gardening, reading, etc

\_\_\_\_\_

How do your personal passions help you maintain a balanced life-style?

\_\_\_\_\_

Do you feel you still have a call, heart, and vision for your area position?

\_\_\_\_\_

If yes, please share your vision for your area of responsibility in 3 sentences or less.

\_\_\_\_\_

How do you plan to accomplish this vision? (Please be specific)

\_\_\_\_\_

Briefly describe one or two specific things you accomplished in your position.

\_\_\_\_\_

Is there any area you feel you need further growth and improvement?

\_\_\_\_\_

Do you have anything else you would like to address that has not been covered in the other questions? If so, please share.

\_\_\_\_\_