



Dear _____ ,

We have received your name from the woman named below. She is being considered for a leadership position in Aglow International.

Aglow is an international, interdenominational Christian ministry. Aglow's vision is to carry the truth of the Kingdom that:

- Restores people to a radiant place of relationship with God and one another
- Breaks the tyranny of oppression
- Brings freedom and empowerment

Would you please answer the questions on this form and return it to us within one week? Please feel free to be completely honest; your answers will be kept in strict confidence. A self-addressed envelope is enclosed for your convenience. Thank you for your assistance. May God richly bless you!

In His service,



CHARACTER REFERENCE FORM

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Area/Lighthouse Name _____

Qualifications of Officers

A leader in Aglow International must be a born-again believer in the Lord Jesus Christ, baptized in the Holy Spirit, demonstrate the fruit of the Holy Spirit, and be someone with potential or proven leadership ability. She must regularly read the Bible and have a basic knowledge of God's Word. She must be established in a local church.

- To what extent would you determine that this woman meets the above qualifications? _____
• How long have you known her? _____
• Are you her pastor? _____
• If not, what is your relationship to her? _____

Character Evaluation

- In your opinion, does this woman seem to be teachable and cooperative? _____
• To your knowledge, are her beliefs based on scriptural principles? _____
• How does she seem to relate to other women? _____
• How well does she seem to follow through on responsibilities? _____
• What qualities do you perceive she possesses that could contribute to the success of this ministry? _____
• What areas in her life do you feel need growth and/or strengthening? _____
• In your opinion, does she seem capable of assuming this leadership position? _____

Signature _____ Date _____

I verify that I personally typed my name on this form and that my typed name carries the same weight as my signature on this form.

Address _____

City _____ State _____ Zip Code _____

Please return this form to; or, if you have any questions, please contact:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip Code _____