

# LEADERSHIP QUESTIONNAIRE

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

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| Name | | | | |  | | | | | | | | | | | | | | | | |  | Date | | | | |  | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | |  | Check the Team or Group that applies: | | | | | | | | | | | | |
| City |  | | | | | | | | | | State | |  | | | Zip | |  | | | |  | | Area Team Name | | | | | | |  |
| Phone | | | Home | | | | |  | | | | | | Cell | | |  | | | | |  | | | | Position Chosen for | | | | |  | |
| Email | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |
| Single | | | | | | Married | | | | Date of Birth (MM/DD/YEAR) | | | | | | | | |  | | |  | | Lighthouse Team Name | | | | | | |  | |
| Church | | | |  | | | | | | | | City | | |  | | | | | | |  | | | Position Chosen for | | | | | |  | |
| Denomination | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | |
| Have you served as an officer in Aglow before? | | | | | | | | | | | | | | | | Yes | | | | No | | If yes, where? | | | | | | | |  | | |
| Are you a legal resident of the United States? | | | | | | | | | | | | | | | | Yes | | | | No | |  | | | | | | |  | | | |
| **Global Partner #** | | | | | | | | |  | | | | | **Renewal Date** | | | | | | |  | | | | | | **If not a Global Partner, please enclose $30 with questionnaire as all leaders must be Global Partners.** | | | | | | | |

1. When did you receive Jesus as your Savior?
2. When were you baptized in the Holy Spirit with evidence of speaking in tongues?
3. Do you know and agree with Aglow’s vision and feel you are able to express this vision?  Yes  No
4. Are you aware that prayer and evangelism are the foundational pillars of Aglow?  Yes  No
5. Are you familiar with Aglow’s teachings: Male-Female Reconciliation, Islam, Israel?  Yes  No
6. Do you agree with the Aglow Belief Statement and consent to abide by the By-laws and Constitution of Aglow and leave your personal denominational practices outside Aglow?  Yes  No
7. Have you been involved in the GameChanger personal development course?  Yes  No
8. If yes, have you completed the assignments for GameChangers?  Yes  No  In Process
9. GameChangers is a foundational teaching in Aglow. If you checked “No” to either #7 or #8, are you willing to make this a priority in the next 6 months?  Yes  No  N/A
10. Are you currently in leadership in any other ministry?  Yes  No If yes, where?
11. Are you willing to make your call to serve in Aglow a priority?  Yes  No
12. Will you commit to attend Leadership trainings as required for leaders?  Yes  No
13. Will you commit to attend Area/Regional events and do your best to attend National/Global Conferences?  Yes  No
14. Are you willing to ask for advice and follow the direction that your Area /U.S. Regional Director gives?  Yes  No
15. Do you have someone who regularly encourages, exhorts, and/or admonishes you (Romans 15:14)?  Yes  No

Who is it?

Please give the name and address of your pastor or a Christian Leader (not a relative), who would be able to verify your character and leadership potential.

Pastor  Leader

Address

City  State  Zip Code

Phone: Home  Church

Church

# APPLICANT SHOULD NOT WRITE BELOW THIS LINE

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| LIGHTHOUSE TEAM INSTRUCTIONSStep 1: Lighthouse Team sends this completed form to the Area Team for approval and signatures. Include a self-addressed envelope so that it can be returned to you. Step 2: Then send the **signed** Leader Questionnaire to your Regional Director and Aglow International Headquarters **along with** a Change of Information form.  NOTE: Send a Change of Information form for **every** change on the Team. Be sure to check the boxes after each Team position.  Keep a copy for your records. | Approved by Area Leadership Team: (Both signatures required)   *Signature (President)*  *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.*    *Signature (Vice-president)*  *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.*  Date Approved  U.S. Regional Director phone approval for Area Officers:  Yes  No | |
| AREA TEAM INSTRUCTIONS Area Team is the approval process for all Leaders; therefore, please review the following, checking the applicable box:   1. This person is a Global Partner  Yes  No 2. This person speaks in tongues  Yes  No 3. GameChanger Assignments  Yes  No  In Process 4. Is this person willing to do GameChangers?  Yes  No 5. Will this person attend trainings, etc.?  Yes  No  * If any of the above is checked “No,” do not approve this person. * Resolve all “No” answers and then sign and send to HQ.   Resubmitting LQ – all “No” responses resolved: Date | | **Area Team:**   * If this is a new Lighthouse officer for an existing Team, sign and send the form back to the Lighthouse President. * If this is for a new affiliation, include a signed Leadership Questionnaire (this form) for each new leader along with the Affiliation Application and submit to the Aglow Headquarters. * **Keep a copy for your records.**  Please include a headshot photo for Area officers with this form. Character References are at the discretion of the Area Team. If the person is unknown, send the character references. | |
|  | |

## Please send forms to:

Aglow International **To Scan: print, sign, and scan to DruciAllen@aglow.org**

PO Box 1749

Edmonds WA 98020-1749 *Or*

## Attn: Global Field Office – U.S. To Email: type name above *Signature* and in parenthesis

(425) 778-9615 FAX **type (By Email)**