

LEADERSHIP QUESTIONNAIRE

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

Name	Date
Address	Check the Team or Group that applies:
City State Zip	Area Team Name
Phone Home Cell	Position Chosen for
Email	<u></u>
☐ 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?	If yes, where?
Are you a legal resident of the United States? Yes N	
	If not a Global Partner, please enclose \$30 with questionnaire as all leaders must be Global Partners.
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?
4. Are you aware that prayer and evangelism are the foundat	ional pillars of Aglow?
5. Are you familiar with Aglow's teachings: Male-Female R	econciliation, Islam, Israel?
6. Do you agree with the Aglow Belief Statement and conse personal denominational practices outside Aglow?	nt to abide by the By-laws and Constitution of Aglow and leave your $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
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 yo priority in the next 6 months? Yes No N/A	ou checked "No" to either #7 or #8, are you willing to make this 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 y	our best to attend National/Global Conferences?
14. Are you willing to ask for advice and follow the direction that your Area /U.S. Regional Director gives?	
15. Do you have someone who regularly encourages, exhorts, Who is it?	and/or admonishes you (Romans 15:14)? ☐ Yes ☐ No

July 2022 Page 1 of 2

Please give the name and address of your pastor or a Christian L leadership potential.	eader (not a relative), who would be able to verify your character and
☐ Pastor ☐ Leader	_
Address	_
CityStateZip Code	_
Phone: HomeChurch	_
Church	_
APPLICANT SHOULD NO	T WRITE BELOW THIS LINE
LIGHTHOUSE TEAM INSTRUCTIONS	Approved by Area Leadership Team: (Both signatures required)
Step 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.	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.
Step 2: Then send the signed Leader Questionnaire to your Regional Director and Aglow International Headquarters along with a Change of Information form.	Signature (Vice-president) I verify that I personally typed my name on this form and that my typed
NOTE: Send a Change of Information form for <u>every</u> change on the Team. Be sure to check the boxes after each Team position.	name carries the same weight as my signature on this form. Date Approved U.S. Regional Director phone approval for Area Officers:
Keep a copy for your records.	Yes No
AREA TEAM INSTRUCTIONS	Area Team:
Area Team is the approval process for all Leaders; therefore, please review the following, checking the applicable box:	• If this is a new Lighthouse officer for an existing Team, sign and send the form back to the Lighthouse President.
 This person is a Global Partner Yes No This person speaks in tongues Yes No 	• 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
3. GameChanger Assignments Yes No In Process	Headquarters.
4. Is this person willing to do GameChangers? ☐ Yes ☐ No	Keep a copy for your records.
5. Will this person attend trainings, etc.? Yes No	Please include a headshot photo for Area officers with this form.
• If any of the above is checked "No," do not approve this person.	
• Resolve all "No" answers and then sign and send to HQ.	Character References are at the discretion of the Area Team. If the person is unknown, send the character references.
Resubmitting LQ – all "No" responses resolved: Date	_
Please send forms to:	
Aglow International To PO Box 1749 Edmonds WA 98020-1749 Or	To Scan: print, sign, and scan to DruciAllen@aglow.org
	To Email: type name above <i>Signature</i> and in parenthesis ype (By Email)

July 2022 Page 2 of 2