AGLOW LEADERSHIP QUESTIONNAIRE

Please type or print. All questions must be answered.			
Name	Date		
Local Address			
Mailing Address			
City	Country		
Name of Local/Area/National Board/Committee:			
Home Phone			
E-mail			
Occupation		Area	National
Languages you speak	National D	Director/Coord	dinator/Assistant
Married Single Widowed Divorced_	Past A	glow offices h	neld:
Date of Birth/			
Day Month Year			
Spouse's name			
Ages of Children			
Church and denomination presently attending			
How long have you attended this church?			
Name of Pastor/Priest			
Previous religion or church affiliation			
When did you accept Jesus as your Savior?			
Describe your salvation experience			
When were you baptized in the Holy Spirit?			
Describe your experience			
Do you speak in tongues on a regular basis?			
What Christian work are you now doing?			
What Christian work have you done in the past?			
Are you a member or leader in any other groups?			
If so, name			
Do you agree with the Aglow statement of What We Believ	e and are yo	ou able to wo	rk within its principles?
If your church believes differently or has different practice group?	•		
Will you be committed to attend leadership training session	ns when the	ey are schedul	ed?
(If married): Do you have the consent of your spouse to be (Your spouse does not have to be a Christian but should agree for you to		Aglow?	_
Do you feel called to serve in this position?			
As a leader, what do you feel you can offer this fellowship?			
Do you have someone who can regularly encourage you an	d bring corr	ection as nee	ded? Romans 15:14
What is that person's relationship to you? (spouse, friend,	pastor, etc.)		
Will you try to work in unity with the other leaders on your	board/com	mittee?	

	ord?(Deut. 18:10-14).		
	such teachings and activities and asked God to forgive you?		
What do you feel God has put on your heart for	this fellowship? (i.e. What is your goal for this Aglow?)		
APPLICANTS SHOULD NOT WR	ITE BELOW THIS LINE		
This leadership form must be signed by your	board's Aglow advisors.		
Advisors:			
ApprovedNot ApprovedAdvisor S	ignature		
Comments:			
ApprovedAdvisor S	ignature		
Comments:			
ApprovedNot ApprovedAdvisor S	ignature		
Comments:			
e return this form to the Aglow National	APPROVED BY:		
r for your nation:	Aglow National leader for your nation		
	Signature		
	Date Approved:		
	Bate Approved.		
	Or if there is no other leadership in the nation:		
	Or if there is no other leadership in the nation:		
	Or if there is no other leadership in the nation: Aglow Global Field Office - International		
obal Field Office – International glow International D Box 1749	Or if there is no other leadership in the nation:		