



## AGLOW LEADERSHIP QUESTIONNAIRE – LOCAL OR AREA

Please type or print. All questions must be answered.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Office chosen for: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ \_\_\_\_\_  
City: \_\_\_\_\_ \_\_\_ Local \_\_\_ Area  
Nation: \_\_\_\_\_ Name of Local Board or Area Board: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ \_\_\_\_\_  
E-mail: \_\_\_\_\_ \_\_\_\_\_  
Occupation: \_\_\_\_\_ Past Aglow offices held: \_\_\_\_\_  
Languages you speak: \_\_\_\_\_ \_\_\_\_\_  
\_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_\_\_  
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: \_\_\_\_\_

1. When did you received 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 mandates: 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 not bring your church practices into Aglow?  Yes  No
7. Have you been involved in the *GameChangers* 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 3-6 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 Aglow events in your nation and do your best to attend National/Global Conferences?  
 Yes  No
14. Are you willing to ask for advice and follow the direction of your Aglow National leadership?  
 Yes  No
15. Have you ever taken part in any occult activities or been a member of any cult or religion which denies the saving power of Jesus' blood or is contrary to God's Word? Deut. 18:10-14  
 Yes  No
16. If so, have you renounced, denied and rejected such teachings and activities and asked God to forgive you?  Yes  No  Not applicable
17. Do you have someone who regularly encourages, exhorts, and/or admonishes you (Romans 15:14)?  Yes  No
18. Who is it? \_\_\_\_\_

**APPLICANTS SHOULD NOT WRITE BELOW THIS LINE**

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This leadership form must be signed by your board's Aglow advisors.

**ADVISORS:**

\_\_\_ Approved    \_\_\_ Not Approved    Advisor Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_ Approved    \_\_\_ Not Approved    Advisor Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_ Approved    \_\_\_ Not Approved    Advisor Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return this form to the Aglow National leader for your nation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

or to:

Global Field Office – International  
 Aglow International  
 P.O. Box 1749  
 Edmonds, WA 98020-1749, USA

**APPROVED BY:**

Aglow National leader for your nation

Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

*Or if there is no other leadership in the nation:*

Aglow International Office

Signature \_\_\_\_\_

Date Approved \_\_\_\_\_