

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

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:

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| Please return this form to the Aglow National leader for your nation:   *or to:*Global Field Office – International Aglow InternationalP.O. Box 1749Edmonds, WA 98020-1749, USA | **Approved by:**Aglow National leader for your nationSignature Date Approved *Or if there is no other leadership in the nation:*Aglow International OfficeSignature Date Approved  |