



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: _____

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 _____