AGLOW LEADERSHIP QUESTIONNAIRE

Please type or print. All questions must be answered.	
Name	Date
Local Address	Office chosen for
Mailing Address	
City	Country
Name of Local/Area/National Board/Committee:	
Home Phone	
E-mail	
Occupation	Local AreaNational
Languages you speak	National Director/Coordinator/Assistant
Married Single Widowed Divorced_	Past Aglow offices held:
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 you able to work within its principles?
If your church believes differently or has different practices	s, are you willing to <u>not</u> bring these into your Aglow group
Will you be committed to attend leadership training session	
(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	
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 correction as needed? Romans 15:14

What is that person's relationship to you? (spou	se, friend, pastor, etc.)
Will you try to work in unity with the other leade	ers on your board/committee?
Have you ever taken part in any occult activitie power of Jesus' blood or is contrary to God's Wo	s or been a member of any cult or religion which denies the saving ord? (Deut. 18:10-14).
If so, have you renounced, denied and rejected s	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:	
ApprovedNot ApprovedAdvisor S	ignature
Comments:	
ApprovedNot ApprovedAdvisor S	ignature
Comments:	
lease return this form to the Aglow National eader for your nation:	APPROVED BY:
	Aglow National leader for your nation
	Signature
	Date Approved:
r to: Global Field Office – International Aglow International PO Box 1749 Edmonds, WA 98020-1749 USA	Or if there is no other leadership in the nation:
	Aglow Global Field Office - International
	Signature
	Date Approved