AGLOW LEADERSHIP QUESTIONNAIRE FOR NATIONAL LEADERSHIP POSITIONS

Please type or print. All questions must be answered. Send by email, post or fax		
Name:	Date of Birth/	
Local Address:	Day Month Year Date:	
Mailing Address:	Office chosen for:	
City:		
Country:		
Home Phone:		
	or National Director/Coordinator/Assistant	
Occupation:	Past offices held:	
Languages you speak:		
Spouse's name:		
Ages of Children:		
Church and denomination presently attending:		
How long have you attended this church? Name	e 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 Be	elieve and are you able to work within its principles?	
Are you willing to follow Aglow's vision as brought for	th by our Global Headquarters?	
If your church believes differently or has different pra Aglow group?		
Will you be committed to attend national leadership and/or Regional Events):	-	
(If married): Do you have the consent of your spouse	to be a leader in Aglow?	
(Your spouse does not have to be a Christian but shou	ld agree for you to be a leader.)	
Do you feel called to serve in this position?		

As a leader, what do you feel you can offer Aglow in you	nation?	
Do you have someone who can regularly encour Romans 15:14		
What is that person's relationship to you? (spouse, friend	d, pastor, etc.)	
Will you try to work in unity with the other leaders on your board/committee?		
Have you ever taken part in any occult activities or been the saving power of Jesus' blood or is contrary to God's N	,	
If so, have you renounced, denied and rejected such teachings and activities and asked God to forgive you? What goals do you feel God has put in your heart for Aglow in your nation?		
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:	APPROVED BY:	
Global Field Office – International	Aglow International Office	
Aglow International	Signature:	
PO BOX 1749	Date Approved:	