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 Area National

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 Believe* and are you able to work within its principles?

If your church believes differently or has different practices, are you willing to not bring these into your Aglow group?

Will you be committed to attend leadership training sessions when they are scheduled?

(If married): Does your spouse agree with you being a leader in Aglow?
*(Your spouse does not have to be a Christian but should 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 this fellowship?

Do you have someone who can regularly encourage you and bring correction as needed? Romans 15:14

What is that person’s relationship to you? (spouse, friend, 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 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).

If so, have you renounced, denied and rejected 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?)

Advisors: (Optional- Advisor Approval is no longer a requirement as of August 2025)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Should Not Write Below This Line



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| Please return this form to the Aglow National leader for your nation:   or to:Global Field Office – InternationalAglow InternationalPO 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 Global Field Office - InternationalSignature Date Approved  |