

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



Please return this form to the Aglow National leader for your nation:

or to:

Global Field Office – International
Aglow International
PO 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 Global Field Office - International

Signature _____

Date Approved _____