Aglow Leadership Questionnaire – Generations

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| Name: Address: City: Nation: Phone: Home ( ) Cell ( ) Email: Date of birth:Are you under 18 years old? ⃝ Yes ⃝ No**(Under 18 years of age, must also have parents sign form)**Languages you speak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Married \_\_\_\_\_\_Single \_\_\_\_\_\_\_Widowed \_\_\_\_\_\_Divorced | Date: ⃝ New Generations Group⃝ Existing Generations Group: (*Name of group)*⃝ Leader ⃝ Co-leader⃝ Male  ⃝ Female |

1. When did you received Jesus as your Savior?
2. Have you been baptized in the Holy Spirit with evidence of speaking in tongues? ⃝ Yes ⃝ No
3. I agree with the Aglow and the Generations mission statements. ⃝ Yes ⃝ No
4. Have you read the Aglow Local Leaders Handbook (Generations Section)? ⃝ Yes ⃝ No
5. I agree with Aglow’s vision and feel able to express this vision. ⃝ Yes ⃝ No
6. Are you aware that prayer and evangelism are the foundational pillars of Aglow? ⃝ Yes ⃝ No
7. Are you familiar with Aglow’s mandates: Male-Female Reconciliation, Islam, Israel? ⃝ Yes ⃝ No
8. Do you agree with the Aglow Belief Statement and consent to abide by the By-laws and Constitution of Aglow and set aside conflicting denominational practices? ⃝ Yes ⃝ No
9. I am a Global Partner. ⃝ Yes ⃝ No
10. Church attending:
11. How Long: Denomination:
12. I live a moral and upright life according to Biblical Standards found in Galatians 5:16-26 ⃝ Yes ⃝ No
13. If I have ever taken part in any occult activities, I have renounced such teachings and activities and have asked God to forgive me. ⃝ Yes ⃝ No
14. Are you in leadership in any other ministry? ⃝ Yes ⃝ No/ If yes, what ministry?
15. Are you willing to make your call to serve in Aglow Generations a priority? ⃝ Yes ⃝ No
16. Will you commit to attend Leadership trainings as required for leaders? ⃝ Yes ⃝ No
17. Will you commit to attend Aglow events in your Area/Region/Nation? ⃝ Yes ⃝ No
18. *GameChangers* is a foundational teaching in Aglow. Have you been involved in this personal development course? ⃝ Yes ⃝ No
19. If yes, have you completed the assignments for *GameChangers*? ⃝ Yes ⃝ No ⃝ In Process
20. If you checked “No” to either #16 or #17, are you willing to go through *GameChangers* with local Aglow leaders? ⃝ Yes ⃝ No
21. Are you willing to ask for advice and follow the direction of your Local & Regional Leaders? ⃝ Yes ⃝ No
22. Do you have someone who regularly encourages, exhorts, and/or admonishes you (Romans 15:14)?
 ⃝ Yes ⃝ No
23. Who is it? What is your relationship to that person?
24. How did you hear about or become involved in Aglow International?

1. Why do you feel God is calling you to lead a Generations Group?

Your signature:

Name:

(If filling out on-line, please type your name) Date

Parent/Guardian signature: *(if under 18)*

Name: (If filling out on-line, please type your name)

Please submit this form to your Area Team Leadership for approval.
(If you don’t know who that is, please contact Janae Lovern at 425-775-7282 x 231 or JanaeLovern@aglow.org)

Area Leadership Approval:

Signature:
(Name and title - If filling out on-line, please type) Date

Send completed form to:

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