

AGLOW LEADERSHIP QUESTIONNAIRE – GENERATIONS

Name: _____ Date: _____

Address: _____ ☐ New Generations Group

City: _____ ☐ Existing Generations Group: _____

Nation: _____

Phone: Home (____) _____ Cell (____) _____ (Name of group)

Email: _____ ☐ Leader ☐ Co-leader

Date of birth: _____ ☐ Male ☐ Female

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

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? _____

25. 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:

Aglow International

P.O. Box 1749

Edmonds, WA 98020-1749

E-mail: JanaeLovern@aglow.org

Phone: (425) 775-7282 - FAX: (425) 778-9615