

Generations Leader/Co-Leader Questionnaire (US)

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| Name:       Address:       City:       State:       Zip:       Nation:       Phone: Home (     )       Cell (     )       Email:       Date of birth: [ ]  Male [ ]  Female | Date:       [ ]  New Generations Group[ ]  Existing Generations Group:      (*Name of group)*Replacing Leader/Co-leader:      *(Name of leader)* |

1. When did you received Jesus as your Savior?
2. When were you were baptized in the Holy Spirit with evidence of speaking in tongues?
3. I agree with the Aglow and the Generations mission statements. [ ]  Yes [ ]  No
4. I agree with Aglow’s vision and feel able to express this vision. [ ]  Yes [ ]  No
5. Are you aware that prayer and evangelism are the foundational pillars of Aglow? [ ]  Yes [ ]  No
6. Are you familiar with Aglow’s mandates: Male-Female Reconciliation, Islam, Israel? [ ]  Yes [ ]  No
7. 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
8. I am a Global Partner. [ ]  Yes [ ]  No
*(If not, please enclose $40 with questionnaire as all leaders must be Global Partners.)*
9. Church attending:
10. How Long:       Denomination:
11. I live a moral and upright life according to Biblical Standards found in Galatians 5:16-26 [ ]  Yes [ ]  No
12. 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
13. Are you in leadership in any other ministry? [ ]  Yes [ ]  No If yes, what ministry?
14. Are you willing to make your call to serve in Aglow a priority? [ ]  Yes [ ]  No
15. Will you commit to attend Leadership trainings as required for leaders? [ ]  Yes [ ]  No
16. Will you commit to attend Aglow events in your Area? [ ]  Yes [ ]  No
17. *GameChangers* is a foundational teaching in Aglow. Have you been involved in this personal development course? [ ]  Yes [ ]  No
18. If yes, have you completed the assignments for *GameChangers*? [ ]  Yes [ ]  No [ ]  In Process
19. If you checked “No” to either #16 or #17, are you willing to go through *GameChangers* with local Aglow leaders? [ ]  Yes [ ]  No
20. Are you willing to ask for advice and follow the direction that your Area Leader gives? [ ]  Yes [ ]  No
21. Do you have someone who regularly encourages, exhorts, and/or admonishes you (Romans 15:14)? [ ]  Yes [ ]  No
22. Who is it?       What is your relationship to that person?
23. 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?

Note: Background checks are required for leaders of groups with children 17 and under. Background
 check authorization form must be attached with questionnaire.

Your signature:

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

Please submit this form to your Area Team for approval.
(If you don’t know who that is, please contact Anna Gibbons at 425-775-7282 x 213 or generations@aglow.org)

Area Team Approval:

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

Send completed form to:

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