

Gather, Grow, Go



Generations Leader/Co-Leader Questionnaire (US)

Name: _____

Date: _____

Address: _____

New Generations Group

City: _____

Existing Generations Group:

State: _____ Zip: _____ Nation: _____

(Name of group)

Phone: Home (____) _____ Cell (____) _____

Replacing Leader/Co-leader:

Email: _____

(Name of leader)

Date of birth: _____

Male Female

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? _____

24. 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: _____ Date _____
 (If filling out on-line, please type your name)

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

Send completed form to:

Aglow International
 P.O. Box 1749
 Edmonds, WA 98020-1749

E-mail: generations@aglow.org
 Phone: (425) 775-7282 - FAX: (425) 778-9615