

Generations Leader/Co-Leader & Coordinator Questionnaire

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Nation: _____

Phone: Home _____ Cell _____

Email: _____

Date of birth: _____

Male Female

(Name of group, lighthouse, area team, or region)

New Generations Group Leader

New Generations Group Co-Leader

Region Generations Coordinator

Region: _____

Existing Generations Group:

Replacing Leader/Coordinator:

(Name of leader)

1. When did you receive Jesus as your Savior? _____
2. When were you were baptized in the Holy Spirit with evidence of speaking in tongues? _____
3. I have received & agree with the Aglow and the Generations mission statements. Yes No
4. I have received & 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 an Aglow Global Partner. Yes No
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. Do you commit to asking for advice and following the direction that your Area Leader and/or Regional Director 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 or to step into the role of Regional Generations Coordinator (for US regions)? _____

Your signature:

Name: _____

Date: _____

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

Please submit this form to your Area Team (or Regional Director for Region Coordinator position) for approval.

(If you don't know who that is, please contact Janae Lovern at 425-275-0231 or janaelovern@aglow.org)

Area Team (or Regional Director) Approval:

Signature: _____

Date: _____

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

Send completed form to:

Aglow International
 Attn: Janae Lovern
 P.O. Box 1749
 Edmonds, WA 98020-1749

E-mail: janaelovern@aglow.org

Phone: (425) 275-0231