



## LEADERSHIP QUESTIONNAIRE

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ (Unique Per Person)

**Phone (Home/ Cell):** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Church / Ministry Name:** \_\_\_\_\_

**Ordained Minister (y/n)** \_\_\_\_\_ **Ordaining Organization:** \_\_\_\_\_

**Have you read and do you agree with the core values of OAK? (y/n)** \_\_\_\_\_

**When did you become a Christian?** \_\_\_\_\_

**What church are you associated with, and for how long?** \_\_\_\_\_

**Why did you become a member of OAK?** \_\_\_\_\_

**What leadership position in OAK do you feel you qualify for now?**

**What is your education, training, or experience in leadership that you feel qualifies you for this leadership position?**

**What is the ultimate leadership position in OAK that you feel that you could qualify for?**

**What would be your goals for accomplishing through OAK while at this position?**

(Use reverse side if more room is required)