



Church Consultation Application

Church Health & Revitalization Initiative

Thank you for your interest in the Church Health & Revitalization Process with The Maritime District PAOC. We are on a journey of transformation to see our local churches and leaders become energized and equipped to reproduce healthy, growing churches. If you would like your church to become a part of this transformative process, please complete this application and submit it to the District Office.

If you are interested in a church consultation, we encourage you to contact the District Office and make arrangements for a District Representative to meet with you and your board to gain a fuller understanding of the process prior to making a decision.

Church Name _____

Pastor _____

Address _____

Best Phone Number _____ **Email** _____

How old is your church? _____

How long have you been Pastor? _____

Why do you wish for your church to become a part of the District Transformation Project?

Have you shared your interest in participating in the health and revitalization initiative with your Local Board/Council?

- Yes No I plan to very soon

If you checked "Yes" above, what is the Board's/Council's view of your church's need for this process?

Is your church willing to commit to the consultation fee payable to the district one month before your consultation date?

Pastor's Signature: _____ **Date:** _____