



Church Conflict Assistance Request Intake Form

Your Name: _____

Your Address: _____

Your Phone number: _____

Your Email: _____

Your Position in the church: _____

Name of church: _____

Church Address: _____

Church Phone: _____

Church Fax: _____

Church Website: _____

Denomination: _____

Current Membership Total (if known): _____

Average Weekly Attendance (estimated): _____

Assistance Requesting (check boxes that apply):

- | | |
|---|---|
| <input type="checkbox"/> Assessment/Consulting | <input type="checkbox"/> Organization or Business Conflict Assistance |
| <input type="checkbox"/> Church Conflict Assistance | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Conflict Coaching | <input type="checkbox"/> Training |
| <input type="checkbox"/> Arbitration | |

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1. If you are requesting an assessment/consulting call, list the name and church position of parties who plan to participate in consultation call.

Name	Church Position	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List or describe the issues/conflicts that you are currently facing in the church.

3. What positions have others taken on these issues that are contributing to the conflict? (And how many different “sides” are there?) How do the various parties

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in the conflict describe what is going wrong and what is it that they want to see done?

4. How widespread is the impact of these issues? What would you estimate the number to be of “key” players in the conflict?

5. What, if anything, have you or the church done to address these issues?

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6. How familiar is the church with peacemaking principles?

7. What result are you hoping to see?

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