



# CHURCH DISASSOCIATION FORM

## Form to be filled out by the Area Pastoral Care Leader

1. Name of church \_\_\_\_\_ AVC church number \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

3. Pastor's name \_\_\_\_\_ Previous pastor(s) name \_\_\_\_\_

3. Date of disassociation \_\_\_\_\_ Date Opened \_\_\_\_\_

4. Was this church originally a church plant or adoption? \_\_\_\_\_

5. Number of years in The Vineyard USA (approx.) \_\_\_\_\_

6. If they were a church plant, they received church planting funds from The Vineyard USA. When will the funds be returned? \_\_\_\_\_

7. Was this a church Board decision to leave? \_\_\_\_\_

8. Where are they going with the church? \_\_\_\_\_

9. Why are they leaving? Is there moral failure involved (sexual, financial, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What are they changing their name to? When? \_\_\_\_\_

11. Please rate the separation:  
\_\_\_\_\_ angry \_\_\_\_\_ somewhat angry \_\_\_\_\_ good separation \_\_\_\_\_ joined another group

12. Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signatures*

*Date*

APCL \_\_\_\_\_

\_\_\_\_\_

RO \_\_\_\_\_

\_\_\_\_\_

ND \_\_\_\_\_

\_\_\_\_\_