



### Pastoral Ministries Counseling Request Form

This form can be turned in at Guest Services or mailed to: COTW Pastoral Ministries CONFIDENTIAL, 8016 West Camelback Road, Glendale, AZ 85303. You can also fax to (602) 872-3829. Before an appointment can be scheduled, this form must be reviewed by the Pastoral Ministries Department. You will be contacted as quickly as possible in regards to this request. **Counseling is available for tithing members of Church On The Word.**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Second Phone # \_\_\_\_\_

**Questions:**

1) Have you completed the membership process of Church On The Word?  
 yes  no Details: \_\_\_\_\_

2) Do you tithe to the church?  
 yes  no Details: \_\_\_\_\_

3) Do you serve as a volunteer here?  
 yes  no what ministry? \_\_\_\_\_

4) How often do you attend COTW services?  
 every week  three times a month  twice a month  once a month  occasionally

5) What is the situation that you would like to receive Biblical counseling for? (Be specific.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) What is your goal for this counseling session? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Have you received counsel for this before?  yes  no  
If yes - who did you see; when; and, what was the result? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Did you follow their advice?  yes  no (If no, explain why.) \_\_\_\_\_  
\_\_\_\_\_

**\*Please bring your Bible, a pen, and a notepad to your counseling session.**

**FOR OFFICE USE ONLY:**  
Scheduled appointment – Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pastor: \_\_\_\_\_  
No appointment recommended, or referral provided: \_\_\_\_\_  
\_\_\_\_\_