

Please save this form to your computer before filling it out. Open it in Adobe Reader and then fill out the form, and save the file by choosing SAVE AS so you can save it with a different file name before attaching it to an e-mail or printing.



PROGRAM APPLICATION

A program of Desert Stream Ministries, *Living Waters* is facilitated under the covering of the local church.

Once you have determined which group you would like to attend, you should complete and submit this application to them. Your application will remain confidential.

After you have submitted the application, someone from the local *Living Waters* leadership team will contact you to set up an interview. This will give you the opportunity to hear more about the program and ask any questions you may have. Following the interview, the local LW leadership team will assess whether the program is appropriate for you.

The information you provide during the application process is kept strictly confidential. Only those on the leadership team of the *Living Waters* program will read your application and related forms.

During the application process please contact the local group coordinator with any questions you may have.



For further information contact:
DESERT STREAM MINISTRIES
toll-free: 866-359.0500
www.desertstream.org

I am applying for a group in the following city, state:

NAME: DATE:
ADDRESS: AGE:
ADDRESS: STATE:
CITY: ZIP CODE:
PHONE (1): PHONE (2):
EMAIL:

GENDER: Male Female
MARITAL STATUS: Single Married For how long? Widowed
Separated Divorced For how long?
Do you have children? No Yes How many/Ages?
Are you a Christian? No Yes For how long?
Current church affiliation:

OFFICE USE ONLY
Declined
Date Application received: Referred by:
Date Contacted: Phone Email Letter Other
Comments:

DIRECTIONS: The spaces provided will expand as needed. Please be specific and provide as much detail as you can. If completing this application by hand, please PRINT your answers and use additional pages as necessary.

1. Please describe what you hope to receive from Living Waters.

2. How would you define your relational, emotional or sexual problem(s)? (emotional or codependency, same-sex attraction, addictive behaviors, sexual promiscuity, effects of abuse, impact of any of the above on marriage)

3. How does the problem express itself? (include compulsive non-sexual behaviors):

4. Describe any help you are currently receiving from a healing ministry or support group.

5. Describe the people in your life who know about your struggles and who are supportive of your recovery.

6. How do you feel about giving and receiving healing prayer in a small group setting?

7. Describe your history of pastoral and professional counseling. Include any history with a Living Waters program.

8. Describe your moral position on sexuality, e.g. the parameters for sexual expression. Include your views on homosexual practice.

9. Have you ever seriously contemplated suicide?

No Yes *If yes, please explain:*

10. Have you ever been convicted of a felony?

No Yes *If yes, please explain:*

11. The specific dates and schedule of the local program will be provided for you. A commitment to attend every session, with few exceptions, is required. If accepted, are you willing to prioritize your schedule to honor this commitment?

No Yes

Please save this form after filling it out by clicking FILE (at the top) and SAVE AS so you can save it with a different file name before attaching it to an e-mail or for printing.