



Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender  Male  Female

Marital Status  Single  Married  Divorced  Widowed  Separated

\_\_\_\_\_ (How long) \_\_\_\_\_ (How long)

Do you have children?  Yes  No How many/ages \_\_\_\_\_

Are you a Christian?  Yes  No Current church affiliation \_\_\_\_\_

**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 the Living Waters Leadership Training.

2. Please define your relational, emotional or sexual problem(s).

3. Please describe any help you are currently receiving from a healing ministry or support group, including any history with Living Waters

4. Please describe the people in your life who know about your struggles and who are supportive of your recovery.

5. Describe your history of receiving counseling; list any mental health diagnoses.

6. Describe any history of contemplating suicide.

7. Describe any felony convictions.

8. Please describe your relationship with your family of origin.

9. Please describe any chemical dependencies in your family.

10. Please describe any significant traumatic events in your life.

11. Please describe your first sexual experience and your age at the time.

12. Please describe the most pressing sexual and/or relational problems you are facing now.

13. If married, please describe your relationship with your spouse and children.

14. At what point in your life did you consider yourself a committed Christian? Catholic or Protestant?

15. How active is your current church affiliation?

16. How do you feel about joining persons from other Christian traditions in this course?

17. Describe the impact of Christ and Church upon your sexual and relational brokenness.

18. Please list any negative spiritual or moral influences from your family or adult experiences that impact you today.

19. Describe your moral positions on sexuality, i.e., the parameters of sexual expression. Include your views on LGBTQ+ tendencies and practice.

20. How do you feel about giving and receiving prayer in a group setting?

21. Are you applying with any others (e.g. spouse, friend, church member)? If yes, what are their names?

22. Does this church currently have a Living Waters group running?  Yes  No

If yes, who is the coordinator \_\_\_\_\_

If no, do you hope to start a Living Waters / Cross Current group at this church?  Yes  No  N/A

If planning to join/start a Living Waters group, in what position of leadership do you desire to serve?

Coordinator  Small Group Leader  Asst. Small Group Leader  Intercessor  Pastoral Overseer

I am not interested in a leadership position at this time

23. The final part of the application is a pastoral letter recommendation. This letter will be requested directly by Desert Stream to your pastor, priest, spiritual director, apostolate supervisor, ministry leader, etc. Your application is incomplete without a letter of recommendation. Contact Marco Casanova ([mcasanova@desertstream.org](mailto:mcasanova@desertstream.org)) with any questions.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_