



PROGRAM APPLICATION

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

If you requested information on a group in your area, your contact information was sent to the group coordinators in your region. They will contact you as soon as possible to inform you of the next available group including dates, fees and location. You may also contact them directly via the contact info found on our website.

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		<input type="checkbox"/> Accepted <input type="checkbox"/>
Declined		
Date Application received: _____	Referred by: _____	
Date Contacted: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> 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