

- 1) Please save this form to your computer first (you need Adobe Reader 10+)
- 2) Then rename it with your name at the end.
- 3) Fill in this form as a "fillable" pdf form.
- 4) When finished, click on FILE and then 'Save As.' Print this form and return it to the Set Free office.

DESERT STREAM™
LIVING WATERS 
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
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.

What is your past church/spiritual affiliation? *(Please include non-Christian references as well)*

How do you feel about receiving healing prayer, administered through the laying-on of hands, and made possible by the outpouring of the Holy Spirit?

How would you define your relational, emotional and/or sexual problem(s)? (i.e., emotional dependency, same-sex attraction, addictive behaviors, depression, sexual promiscuity, effects of abuse, etc.)

How does the problem express itself? (Sexual behaviors, emotional problems, addictions, etc.):

Are you currently in a relationship, outside of marriage, that involves ongoing sexual contact?

No Yes *If yes, please describe your relationship:*

Do you have any non-sexual compulsive behaviors? (i.e. eating problems, alcohol/chemical dependencies, spending, etc.):

No Yes *If yes, please provide details:*

Have you previously applied for or participated in a Living Waters program?

No Yes *If yes, please list date and location:*

Are you currently receiving ongoing pastoral or professional counseling?

No Yes *If yes, please explain:*

Have you ever received professional counseling?

No Yes *If yes, from whom and why?:*

Are you currently receiving help from a healing ministry or support group?

No Yes *If yes, please explain:*

Have you ever seriously contemplated suicide?

No Yes *If yes, please explain:*

Have you ever been convicted of a felony?

No Yes *If yes, please explain:*

Do you use alcohol or other mood-altering substances? If so, what and how often?

No Yes *If yes, please explain:*

Describe the people in your life who know about your relational and/or sexual struggles and who are supportive in your healing.

What do you believe the Bible says about homosexual physical contact or inordinate emotional closeness with the same sex?

Do you believe heterosexual sex outside of marriage is sinful? No Yes

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

What are your reasons for seeking the help of Living Waters?

What are your expectations in coming to Living Waters?
