



LIVING WATERS APPLICATION

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 Living Waters.

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. How do you feel about giving and receiving prayer in a group setting?
9. How do you feel about joining persons from other Christian traditions in Living Waters?
10. Describe your moral positions on sexuality, i.e., the parameters of sexual expression. Include your views on LGBTQ+ tendencies and practice.
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? Yes No

COORDINATOR USE ONLY

Date Application Received _____ Referred by _____

Date Contacted _____ Phone Email Letter Other

Accepted

Comments _____

