



## APPLICATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Check appropriate boxes:

Male       Female       Single       Married       Separated       Divorced

Are you a Christian? \_\_\_\_\_ For how long? \_\_\_\_\_

Current church affiliation: \_\_\_\_\_

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

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- 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?

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- How would you define your sexual or relational problem?

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- How does the problem express itself (anonymous behaviors, emotional problems, etc.)?

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• Are you currently in a relationship which involves ongoing sexual contact (other than marriage)? If so, please describe your relationship:  No  Yes \_\_\_\_\_

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• Do you have any non-sexual compulsive behaviors (i.e. eating problems, alcohol/chemical dependencies, spending, gambling, etc.)? If so, please explain.  No  Yes \_\_\_\_\_

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• Are you currently receiving ongoing pastoral or professional counseling? Have you ever been in professional counseling before? If so, with whom and why?  No  Yes \_\_\_\_\_

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• Have you ever attended a Living Waters program before? If so, indicate date and location.  No  Yes

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• Are you currently receiving help from a healing ministry or support group? If so, please describe:  No  Yes \_\_\_\_\_

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• Have you attended a support group before? If so, please explain your experience:  No  Yes

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• Are you or have you struggled with homosexual thoughts, feelings, or behaviors? If so, please explain:  No  Yes \_\_\_\_\_

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• Have you ever seriously contemplated suicide? Did you make any attempts? If so, please explain:  No  Yes \_\_\_\_\_

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• Do you use alcohol or other mood-altering substances? If so, what and how often?  No  Yes

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- Are you currently taking any medications? If so, which ones and why?  No  Yes \_\_\_\_\_  
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- Have you ever had a psychological evaluation? If so, was there a diagnosis and what was it?  No  Yes  
\_\_\_\_\_
- Describe the people in your life who know about your struggles and who are supportive in your healing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you believe heterosexual sex outside of marriage is sinful?  No  Yes
- Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful? If no, please explain:  No  Yes \_\_\_\_\_  
\_\_\_\_\_
- What are your expectations in coming to Living Waters?  
\_\_\_\_\_  
\_\_\_\_\_
- Can you make the 16-week commitment on Thursday evenings from 7:00-10:00 pm beginning September 23, 2010 thru February 24, 2011?  No  Yes

**Please return your completed application to the address below by August 6, 2010.**

**Providence Baptist Church  
Attention: Becky Estes  
6339 Glenwood Avenue  
Raleigh, NC 27612**

**Office Use Only**

Application Received: \_\_\_\_\_ Program Year: \_\_\_\_\_

Program Location: \_\_\_\_\_

Letter Sent: \_\_\_\_\_

Contacted: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Personal Interview Date: \_\_\_\_\_

Comments: .

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Acceptance Letter Sent: \_\_\_\_\_ Other: \_\_\_\_\_

Contracts Needed: \_\_\_\_\_

Deposit Due: \_\_\_\_\_