



**For further information contact:**  
**Living Waters Montana**  
**[www.livingwatersmontana.com](http://www.livingwatersmontana.com)**

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?* \_\_\_\_\_

What is your educational history? Years of HS education: \_\_\_\_ College: \_\_\_\_ Degree completed: \_\_\_\_\_

Current church affiliation: \_\_\_\_\_ *For how long?* \_\_\_\_\_

I would prefer not to be in a small group with this person/s. \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

NAME \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**DIRECTIONS: When doing the application by hand, please PRINT your answers and use additional pages as necessary.**

Have you ever been through a Living Waters or other Desert Stream program before? No \_\_\_ Yes \_\_\_

If yes, when and where? \_\_\_\_\_

Please list your past Church affiliation(s) or religious instruction:

Name of Church or Group:

From:

To:

Describe your history of pastoral and professional counseling. \_\_\_\_\_

Describe any help you are currently receiving from a healing ministry or support group. \_\_\_\_\_

Are you currently participating in ongoing fellowship within your church, besides a regular weekly service?

No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

How do you feel about giving and receiving healing prayer in a small group setting? \_\_\_\_\_

What specific areas of support and/or instruction do you desire?

\_\_\_ Emotional dependency \_\_\_ Gay identity issues \_\_\_ Compulsive masturbation

\_\_\_ Codependency \_\_\_ Pornography \_\_\_ Sexual Addiction

\_\_\_ Sexually unresponsive \_\_\_ Asexuality \_\_\_ Phone sex

\_\_\_ Romantic or sexual thought life

\_\_\_ Living with HIV or other life-threatening illnesses

\_\_\_ Dealing with Significant: \_\_\_ Homosexual Relationships \_\_\_ Heterosexual Relationships

\_\_\_ Other (please explain): \_\_\_\_\_

Please describe your relationship with your father: \_\_\_\_\_

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Please describe your relationship with your mother: \_\_\_\_\_

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Do you recall any significant, traumatic incidents in your life, (i.e.: verbal, physical, sexual, emotional abuse)?

No \_\_\_ Yes \_\_\_ If so, please describe: \_\_\_\_\_

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At what age did you first have your first heterosexual encounter? \_\_\_\_\_

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Do you struggle with any homosexual tendencies or feelings? No \_\_\_ Yes \_\_\_ If yes, at what age did you first realize you were attracted to the same sex? \_\_\_\_\_

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At what age did you first have your first homosexual encounter? \_\_\_\_\_

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Are you currently involved in a sexual relationship (heterosexual or homosexual) outside of marriage?

No \_\_\_ Yes \_\_\_

Have you ever been involved in a long-term sexual relationship (heterosexual or homosexual) outside of marriage?

No \_\_\_ Yes \_\_\_ If so, how long did it/they last? Explain: \_\_\_\_\_

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Have you or your parents, grandparents, spouse, or any friends been involved in either participating or meditating on ANY of the following? Under the "ME" column, use "C" to indicate your current involvement and "P" to indicate your past involvement. Under the "OTHER" column, follow the same instructions and indicate your relationship to the other person. We define "perpetrator" as the one who initiated the abuse.

<u>PRACTICE</u>	<u>ME</u>	<u>OTHER</u>	<u>RELATIONSHIP</u>
Abortion	_____	_____	_____
Abuse (physical) - victim	_____	_____	_____
Abuse (physical) – perpetrator	_____	_____	_____
Abuse (sexual) – victim	_____	_____	_____
Abuse (sexual) – perpetrator	_____	_____	_____
Alcohol abuse	_____	_____	_____
Astrology	_____	_____	_____
Bestiality	_____	_____	_____
Black magic	_____	_____	_____
Channeling	_____	_____	_____
Christian Science	_____	_____	_____
Clairvoyance	_____	_____	_____
Cults	_____	_____	_____
Drug use	_____	_____	_____
Eastern mysticism	_____	_____	_____
Islam	_____	_____	_____
Jehovah’s Witness	_____	_____	_____
Masons	_____	_____	_____
Mormonism	_____	_____	_____
New Age	_____	_____	_____
Occult literature	_____	_____	_____
Reincarnation	_____	_____	_____
Sadism/masochism	_____	_____	_____
Satanic ritual abuse	_____	_____	_____
Scientology	_____	_____	_____
Seances	_____	_____	_____
Self-mutilation	_____	_____	_____
Tarot cards	_____	_____	_____
Transcendental Meditation	_____	_____	_____
Witchcraft	_____	_____	_____

How do your relational, emotional or sexual problems express themselves?

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Describe the people in your life who know about your struggles and are supportive of your recovery:

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What impact has your relationship with Christ had upon your sexual and relational brokenness?

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Are you currently on medication? No \_\_\_ Yes \_\_\_ If so, for what:

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Are you or either of your parents chemically dependent? No \_\_\_ Yes \_\_\_ If so, please elaborate.

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Have you ever seriously contemplated suicide? No \_\_\_ Yes \_\_\_ If yes, please explain:

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Have you ever been convicted of a felony? If yes, please explain:

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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. This commitment is a covenant with the other members of your small group. If accepted, are you willing to prioritize your schedule to honor this commitment? Yes \_\_\_ No \_\_\_

PLEASE SAVE THIS FORM AFTER FILLING IT OUT BY CLICKING FILE (AT THE TOP LEFT-HAND MENU) AND SAVE AS SO YOU CAN SAVE IT WITH ANOTHER FILE NAME (ex. Jane Doe's Application), BEFORE PRINTING IT AND MAILING IT TO: Hope Church, Attn: Living Waters Montana, 436 Birch Grove Rd. Kalispell, MT 59901