



Pursuing Sexual & Relational Wholeness in Christ

APPLICATION

Please complete this application in as much detail as possible. Feel free to use the back of the page if necessary. Your responses will be kept **strictly confidential**. Thank you.

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

By initialing on the line, you give Bellingham Living Waters permission to share your contact information with Desert Stream/Living Waters administration, including your name, address and email address.

_____ I am interested in receiving newsletters/information from Bellingham Living Waters

_____ I am interested in receiving newsletters/information from Desert Stream

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)

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 sexual problem/issue? _____

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

Are you currently in a relationship which involves ongoing sexual contact? Please describe your relationship: No Yes

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

Are you currently receiving ongoing pastoral or professional counseling? (please explain):

No Yes

I have used the back of the page to give further information

Have you ever received professional counseling? From whom, and why?

No Yes _____

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

No Yes _____

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

No Yes _____

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

Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful? If not, please explain: No Yes

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

What are your expectations of your participation in Living Waters?

I have used the back of the page to give further information