

## ***Living Waters Applicant***

Thank you for downloading this application to Living Waters at Love Canton. Please follow these instructions for filling out the application and turning it in.

1. Print and fill out application
2. Scan application and email to: [desertstreamohio@gmail.com](mailto:desertstreamohio@gmail.com)  
Or mail to LoveCanton at P.O. Box PO Box 9503, Canton, Ohio 44711
3. Application Deadline: September 2nd 2016. Space is limited
4. Acceptance conditional on applicant interview and payment of fee. Please plan on attending an application interview on the weekend of September 10<sup>th</sup>. We will contact you with more details when your application is received.

*\*The information you provide during the application process is kept strictly confidential.*

## ***Program Details***

**Where:** LoveCanton – 701 Walnut Avenue NE, Canton, Ohio 44702

**When:** Wednesday's, 7:00 to 9:30 pm, Sept. 28th '16 to Mar. 15th '17  
21 weeks in two sessions with 4 weeks off for the Holidays

**Cost:** \$150 for fees and books.

Scholarships available for those with legitimate need



*For further information see:*  
**DESERT STREAM MINISTRIES**  
[www.desertstream.org](http://www.desertstream.org)  
**Contact Desert Stream Ohio at**  
[desertstreamohio@gmail.com](mailto:desertstreamohio@gmail.com)

*I am applying for a group in*  
*the following city, state:* Canton Ohio

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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Date Application received: _____	Referred by: _____
Date Contacted: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other
Comments: _____	
_____	
_____	

**DIRECTIONS: 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.

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2. How would you define your relational, emotional or sexual problem(s)? (emotional or codependency, same-sex attraction, addictive behaviors, sexual promiscuity, effects of abuse, impact of any of the above on marriage)

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3. How does the problem express itself? (include compulsive non-sexual behaviors):

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

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

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

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7. Describe your history of pastoral and professional counseling. Include any history with a Living Waters program.

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8. Describe your moral position on sexuality, e.g. the parameters for sexual expression. Include your views on homosexual practice.

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9. Have you ever seriously contemplated suicide?

No  Yes *If yes, please explain:*

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10. Have you ever been convicted of a felony?

No  Yes *If yes, please explain:*

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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?

No  Yes