

2017 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

Or mail to LoveCanton at P.O. Box PO Box 9503, Canton, Ohio 44711

3. Application Deadline

Early: August 19th 2017

Late: September 8th 2017.

4. Space is limited. Acceptance conditional on applicant interview and payment of fee. Please plan on attending an application interview on the weekend of August 26th or September 16th. 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: ***Moving to Tuesday Evenings***

7:00 to 9:30 pm, Oct. 3rd 2017 to Mar. 13th 2017

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
Contact Desert Stream Ohio at
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:

OFFICE USE ONLY	<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.

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)

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

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

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

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

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

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

9. Have you ever seriously contemplated suicide?

No Yes *If yes, please explain:*

10. Have you ever been convicted of a felony?

No Yes *If yes, please explain:*

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