

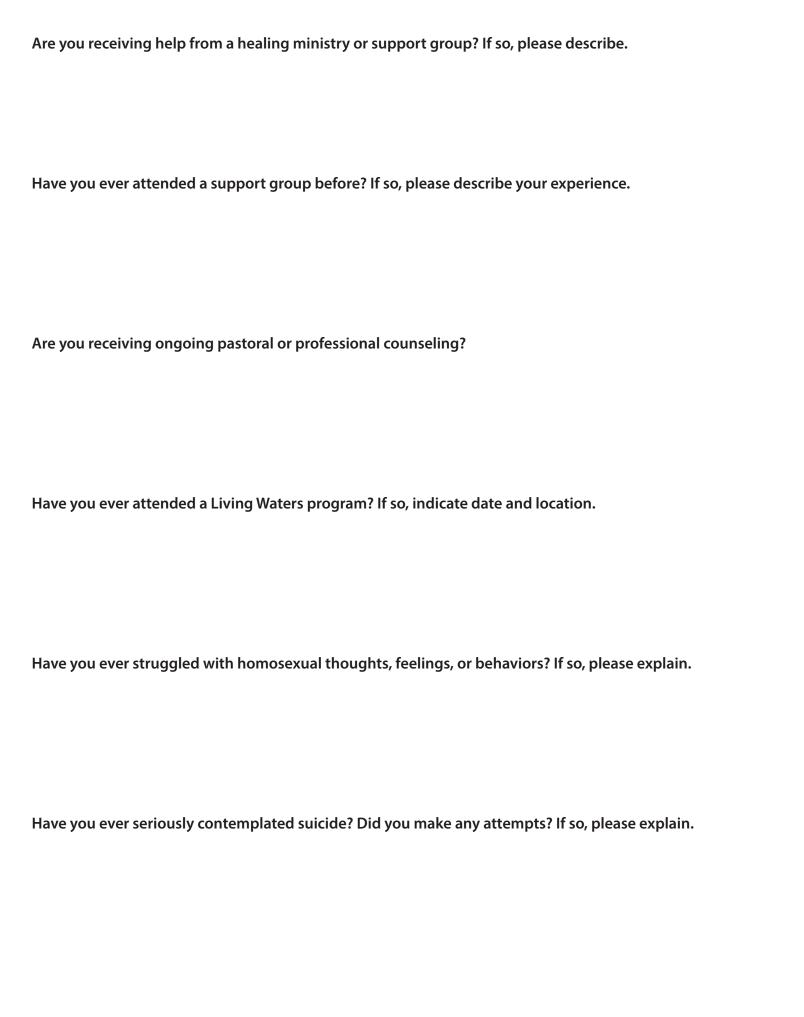


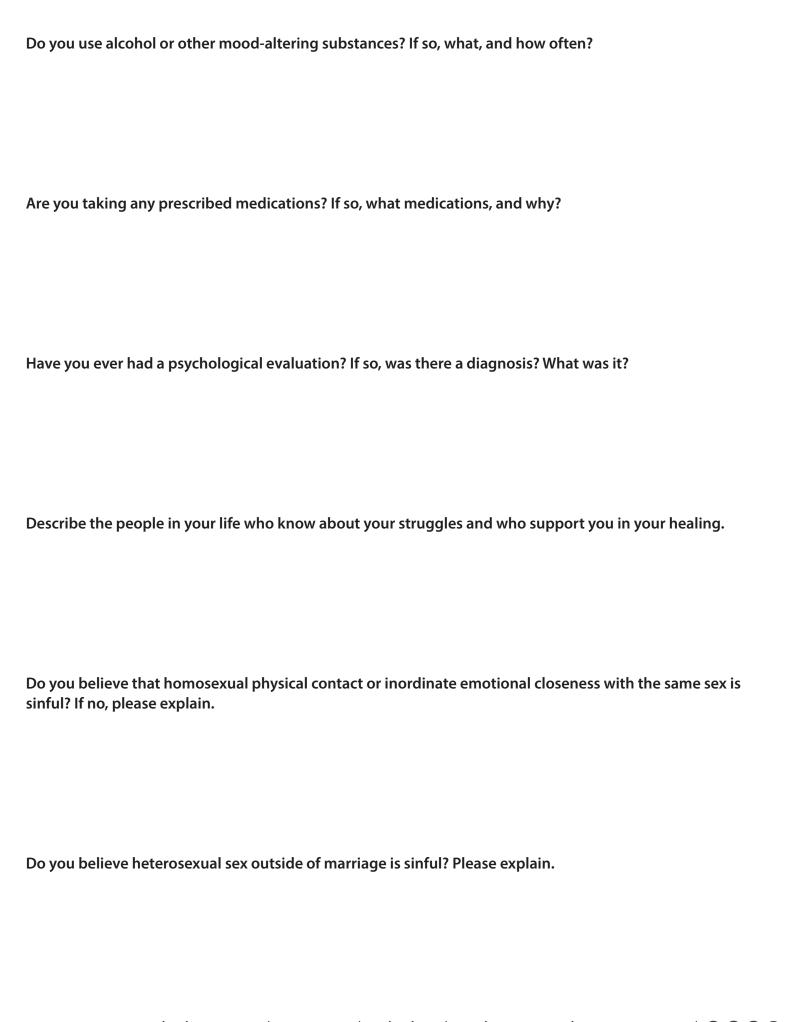
LIVING WATERS APPLICATION

Please fill out this application and return it to *livingwaters@eastbrook.org*, or drop it off at our office, at 5385 N Green Bay Ave., Milwaukee, WI 53209. The cost to participate in Living Waters is \$100. You may use the attached voucher to make your payment at Eastbrook's business office. Please wait to pay until you have received communication from us that you have been accepted into the program. For more information, email livingwaters@eastbrook.org.

Date of Living Waters course
Name Age
Street address
City State Zip Code
Home Phone Cell Phone
Email
Occupation
Check all appropriate boxes.
☑ Male ☐ Female ☐ Single ☐ Separated ☐ Divorced ☐ Engaged (wedding date)
■Married (how long) Number of children Ages
What is your church/community affiliation?
What are your past church/spiritual affiliations? Please include non-Christian experience as well.
FOR OFFICE USE ONLY: DATE RECEIVED: ACCEPTED: YES/NO SMALL GROUP: EXPLANATION/COMMENTS

How do you feel about receiving healing prayer, administered through the laying-on of hands, and made possible by the ministry of the Holy Spirit?							
How would you define your sexual or relational problem?							
How does the probl	em express itself (i.e., secre	et behaviors, emotional pro	blems, etc.)? Check all that apply.				
☐ Anger/rage	☐ Withdrawing/isolating	☐ Depression	☐ Substance use/abuse				
■ Eating disorders	☐ Self-mutilation	☐ Suicidal thoughts	☐ Co-dependency				
☐ Fantasy	☐ Physical/sexual abuse	☐ Same-sex attraction	Pornography				
☐ Sexual immorality	☐ Other						
Explain the above.							
Are you in a relation relationship.	ship, other than marriage,	that involves ongoing sexu	ial contact? If so, please describe the				
	n-sexual compulsive behav If so, please explain.	viors (i.e., eating issues, alco	ohol/chemical dependencies, spend-				
Have you ever been	in professional counseling	before? If so, with whom, a	and why?				





What are your expectations in attending Living W	/aters?		
Can you make the full 20-week commitment? ☐ N to attend? If so, when?	No □ Yes □ Are there a	ny dates on which you	ı will be unable
If you have any additional comments regarding y	our application, pleas	e use the space below	<i>i</i> .
	Vaters leaders do not fur	ALITY and has not, been reprenction as mental health	professionals in
I commit myself to uphold the confidential nature of will refrain from disclosing information revealed by or	disclosures made within	n the context of the Livi	ing Waters, and I
I have carefully read this agreement and fully underst ment of confidentiality is a contract between myself ment of my own free will.	and its content. I am aw	vare that this release of I	liability and agree-
I understand violations of the rules and expectations the program.	of Living Waters and Ea	stbrook Church can lead	d to expulsion fror
I declare, to the best of my knowledge and belief, tha correct, and complete.	at the facts I have provid	ed to support my regist	ration are true,
Executed on	at	City	, WI.
Date		City	
Signature		Print	



FOR OFFICE USE ONLY: Cash/money order Number		
☐ Check Name		
☐ Visa ☐ Master Card ☐ Amex		
Name on card	Zip code	
Amount paid	Balance	
Received by	Date received	
Notes/Comments		