



## LIVING WATERS APPLICATION

Please fill out this application and return it to [livingwaters@eastbrook.org](mailto: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](mailto: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 problem express itself (i.e., secret behaviors, emotional problems, etc.)? Check all that apply.**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Anger/rage        | <input type="checkbox"/> Withdrawing/isolating | <input type="checkbox"/> Depression          | <input type="checkbox"/> Substance use/abuse |
| <input type="checkbox"/> Eating disorders  | <input type="checkbox"/> Self-mutilation       | <input type="checkbox"/> Suicidal thoughts   | <input type="checkbox"/> Co-dependency       |
| <input type="checkbox"/> Fantasy           | <input type="checkbox"/> Physical/sexual abuse | <input type="checkbox"/> Same-sex attraction | <input type="checkbox"/> Pornography         |
| <input type="checkbox"/> Sexual immorality | <input type="checkbox"/> Other _____           |  |  |

**Explain the above.**

**Are you in a relationship, other than marriage, that involves ongoing sexual contact? If so, please describe the relationship.**

**Do you have any non-sexual compulsive behaviors (i.e., eating issues, alcohol/chemical dependencies, spending, gambling, etc.)? If so, please explain.**

**Have you ever been in professional counseling before? If so, with whom, and why?**

**Are you receiving help from a healing ministry or support group? If so, please describe.**

**Have you ever attended a support group before? If so, please describe your experience.**

**Are you receiving ongoing pastoral or professional counseling?**

**Have you ever attended a Living Waters program? If so, indicate date and location.**

**Have you ever struggled with homosexual thoughts, feelings, or behaviors? If so, please explain.**

**Have you ever seriously contemplated suicide? Did you make any attempts? If so, please explain.**

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

**Are you taking any prescribed medications? If so, what medications, and why?**

**Have you ever had a psychological evaluation? If so, was there a diagnosis? What was it?**

**Describe the people in your life who know about your struggles and who support you in your healing.**

**Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful? If no, please explain.**

**Do you believe heterosexual sex outside of marriage is sinful? Please explain.**

**What are your expectations in attending Living Waters?**

**Can you make the full 20-week commitment?  No  Yes  Are there any dates on which you will be unable to attend? If so, when?**

**If you have any additional comments regarding your application, please use the space below.**

**LIVING WATERS RELEASE FROM LIABILITY  
AGREEMENT OF CONFIDENTIALITY**

By signing below, I evidence my full understanding that Living Waters is not, and has not, been represented to be a professional counseling service, and that the Living Waters leaders do not function as mental health professionals in the context of this or any other program offered or sponsored by Eastbrook Church or any related ministry.

I commit myself to uphold the confidential nature of disclosures made within the context of the Living Waters, and I will refrain from disclosing information revealed by other Living Waters participants unless required by law.

I have carefully read this agreement and fully understand its content. I am aware that this release of liability and agreement of confidentiality is a contract between myself and the Eastbrook Church of Milwaukee, WI and I sign this agreement of my own free will.

I understand violations of the rules and expectations of Living Waters and Eastbrook Church can lead to expulsion from the program.

I declare, to the best of my knowledge and belief, that the facts I have provided to support my registration are true, correct, and complete.

Executed on \_\_\_\_\_ at \_\_\_\_\_, WI.

Date

City

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

**FOR OFFICE USE ONLY:**

Cash/money order Number \_\_\_\_\_

Check Name \_\_\_\_\_ Number \_\_\_\_\_

Visa  Master Card  Amex  Discover

Name on card \_\_\_\_\_ Zip code \_\_\_\_\_

Amount paid \_\_\_\_\_ Balance \_\_\_\_\_

Received by \_\_\_\_\_ Date received \_\_\_\_\_

**Notes/Comments**