

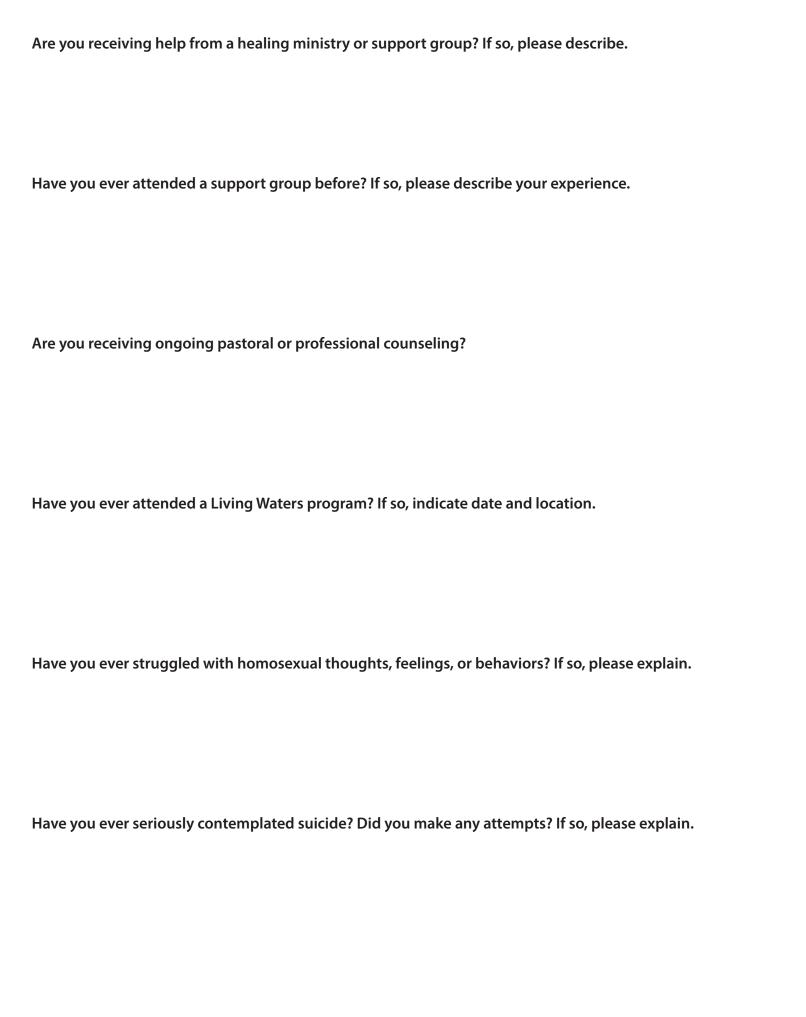


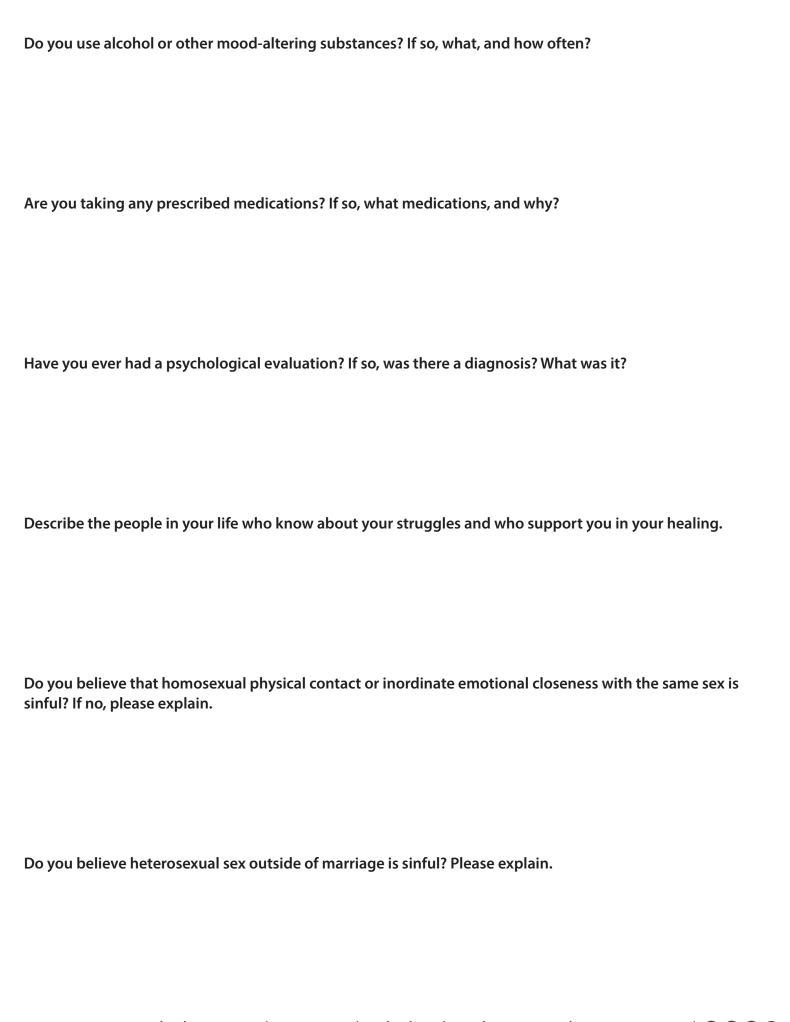
## LIVING WATERS APPLICATION

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 Ph	none		
Email				
Occupation				
Check all appropriate boxes.				
☐ Male ☐ Female ☐ Single ☐ Separat	ted Divorced	☐ Engage	d (wedding date)	
☐Married (how long) Number of	children	_ Ages		
What is your church/community affiliatio	n?			
What are your past church/spiritual affilia	ntions? Please inc	lude non-C	Christian experience as well.	
FOR OFFICE USE ONLY:  DATE RECEIVED:  EXPLANATION/COMMENTS		ES/NO	SMALL GROUP:	

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 def	ine your sexual or relationa	al problem?			
<b>How does the probl □</b> Anger/rage	lem express itself (i.e., secre	et behaviors, emotional pro	blems, etc.)? Check all that app  ☐ Substance use/abuse	ly.	
☐ Eating disorders	☐ Self-mutilation	☐ Suicidal thoughts	☐ Co-dependency		
☐ Fantasy	☐ Physical/sexual abuse	☐ Same-sex attraction	☐ Pornography		
☐ Sexual immorality	☐ Other				
Are you in a relatior relationship.	nship, other than marriage,	that involves ongoing sexu	ual contact? If so, please describ	e the	
	on-sexual compulsive behands? If so, please explain.	viors (i.e., eating issues, alco	ohol/chemical dependencies, sp	end-	
Have you ever been	in professional counseling	g before? If so, with whom, a	and why?		





What are your expectations in attending Living W	Vaters?		
Can you make the full 20-week commitment? I N to attend? If so, when?	No □ Yes □ Are there ar	ny dates on which you	will be unable
If you have any additional comments regarding y	our application, pleas	e use the space below	
	Vaters leaders do not fur	LITY  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 o	disclosures made withir	n the context of the Livi	ng 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.	tand its content. I am aw	rare that this release of I	iability and agree-
I understand violations of the rules and expectations the program.	of Living Waters and Eas	stbrook Church can leac	l to expulsion fror
I declare, to the best of my knowledge and belief, that correct, and complete.	at the facts I have provide	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		