



PO Box 22429 • Robbinsdale, MN • 55422-0429 • 763-592-4700 • outpostinfo@outpostministries.org • www.outpostministries.org

Applications are now being accepted for the 2017-2018 *Living Waters* Program. Complete this application and mail it, along with your \$35 non-refundable application fee, to:

Outpost Ministries
ATTN: Living Waters Coordinator
PO Box 22429
Robbinsdale, MN 55422

You can also scan and email your application to jmersberger@outpostministries.org. You may pay the \$35 application fee online at outpostministries.org. Hover over "Donate" and select "Make a Purchase or Payment". Your Designation is "Living Waters Payment".

Once we receive your application and payment, we will contact you to set up an interview to answer more of your questions about the program.



DESERT STREAM™
LIVING WATERS

For further information contact:
DESERT STREAM MINISTRIES
toll-free: 866-359.0500
www.desertstream.org

I am applying for a group in the following city, state: _____

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: The spaces provided will expand as needed. 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