



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

Registrations are now being accepted for the Fall 2020 *CrossCurrent* Program.

All groups will meet weekly on Thursday evenings from 6:30 – 8:00 pm. Meetings will begin Thursday, September 17, and occur weekly through Thursday, November 5.

Complete the attached application and mail it, along with your \$80 course fee, to:

TCJHOP
ATTN: CrossCurrent Coordinator
PO Box 22429
Robbinsdale, MN 55422

You can also scan and email your application to jmersberger@outpostministries.org.

To pay your \$80 course fee online, visit www.outpostministries.org. Hover your cursor over “DONATE” and click on “Make a Payment”. In the form, under “Donation Type” select “Tuition”, and under “Designation” select “Living Waters”.

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.

For initial questions about the program, contact our office by calling 763-592-4700 or by emailing outpostinfo@outpostministries.org



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: Outpost Ministries, Robbinsdale, MN

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
Declined
Date Application received: Referred by:
Date Contacted: Phone Email Letter 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