



Please complete this application with as much detail as you can. Use additional paper if necessary. Please write legibly.

Return the **completed application** (six pages) and \$25 non-refundable application fee by September 1, 2010 to:

Outpost Ministries, Attn: *Living Waters*, PO Box 22429, Robbinsdale, MN 55422.

Your application will be kept in strict confidence.

A **personal interview** is required for acceptance into the *Living Waters* program. Interviews will be scheduled after Tuesday, September 1, 2010 or upon receipt of the application, whichever is later. A **\$325 tuition fee** (which includes all materials) is due on Thursday, 07 October 2010. For questions or concerns about tuition please contact Outpost Ministries before the start of the *Living Waters* program, Thursday, October 7, 2010.

God bless,

Outpost Ministries

Name _____
first middle last

Current Address _____

City _____ State _____

ZIP _____

Primary Telephone _____ E-mail _____

Birth date (mm/dd/yy) _____ Male Female

Office Use Only

Application Received: _____ Program Year: _____

Location: _____

Contact Letter Sent: _____

Contacts: 1. _____

2. _____

3. _____

4. _____

Personal Interview Date: _____

Comments: _____

Holding: _____

Acceptance Letter Sent: _____

Contracts Needed: _____

Deposit Due: _____

Redirection Letter Sent: _____

Comments: _____

1. Marital Status Never Married Engaged Married Separated Divorced

2. How long have you been a Christian?

3. Are you currently involved in a local church? Yes, which? No, explain.

4. Previous church involvement (include church name, city, state, dates attended, pastor name). Include any non-Christian involvement, if any.

5. How do you feel about receiving healing prayer, administered through the laying-on of hands, and made possible by the outpouring of the Holy Spirit?

6. How would you define your sexual or relational problem?

7. How does the problem express itself (anonymous behaviors, emotional problems, etc.)?

8. Are you currently in a relationship which involves ongoing sexual contact?
 No Yes, explain.

9. Do you have any non-sexual compulsive behaviors (i.e. eating problems, alcohol/chemical dependencies, spending, etc.)? No Yes, explain.

10. Have you ever or are you currently receiving ongoing pastoral or professional counseling? No Yes, with whom, when and why?

11. Have you ever attended a *Living Waters* program before?
 No Yes, date and location?

12. Are you currently receiving help from a healing ministry or support group?
 No Yes, explain.

13. Have you ever seriously contemplated suicide? No Yes Did you make any attempts? No Yes, explain:

14. Do you use alcohol or other mood-altering substances? No Yes, what and how often:

15. Are you currently taking any medications? No Yes, which ones and why?

16. Have you ever had a psychological evaluation? No Yes Was there a diagnosis and what was it? No Yes

17. Describe the relationships of the people in your life who know about your sexual and/or relational struggles and who are supportive in your healing:

18. Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful? Yes No, explain:

19. What are your expectations in coming to *Living Waters*?

20. Can you make the 20 week commitment? Yes No, explain.

Duty to Warn

Confidentiality and privileged communication remain rights of all participants according to state law. However, if an individual intends to take harmful, dangerous, or criminal action against another human being, or against themselves, it is the duty of Outpost, Inc., leadership to warn appropriate individuals of such intentions. *Suspected acts of child abuse or neglect are required to be reported.*

Those warned may include but are not limited to:

- The person or family of the person who is likely to suffer the results of harmful behavior;
- The family of the participant who intends to harm himself/herself or someone else;
- Associates or friends of those threatened or making threats;
- Law enforcement officials.

Before informing anyone who should be warned, Outpost, Inc., leadership will take all possible steps to first share that intention with the participant. Every effort will be made to prevent any such breach of confidentiality.

Living Waters Agreement

I, the undersigned, am applying for the *Living Waters* program sponsored through Outpost, Inc., and understand that this program does not take the place of professional counseling and/or therapy of any kind that I may be receiving now, or have received in the past, or plan to obtain in the future.

I understand the nature of the *Living Waters* program and release any liability of Outpost, Inc.

Signed _____ this date _____