

Living Waters Application

This application helps us determine whether Living Waters is appropriate for you at this point in your journey. Please provide complete information to each question; use the back of the page if necessary. Your responses will be kept strictly confidential, according to Regeneration's Confidentiality Policy. Once we've received your completed application, we'll contact you to set up an interview. Thank you!



Regeneration

P.O. Box 9830 • Baltimore, MD • 21284

Date

Name

Address

City/State/Zip

Phone

OK to call? (Yes/No)

Cell Phone

OK to call? (Yes/No)

E-mail

OK to E-mail? (Yes/No)

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name

Address

City/State/Zip

Male / Female (Please circle)

Single Engaged

Separated Widowed

Married (how long?) _____

Divorced (how long?) _____

#of Children _____ Ages: _____

Note: Please don't put the following individuals in my small group [include name(s) and reason]:

Primary Phone

Secondary Phone

OFFICE USE ONLY:

Date Received: _____

Year: _____

Small Group: _____

Accepted / Not Accepted

Explanation: _____

Comments: _____

Background Information:

What is your educational history?

Years of High School Education: _____

Years of College Education: _____

Degrees: _____

Please describe your relationship with your parents in childhood and as an adult (use more pages if necessary):

Father: _____

Mother: _____

Do you recall any significant, traumatic incidents in your life (i.e. verbal, physical, sexual, or emotional abuse)?
If so, please explain:

No Yes _____

Are you or either of your parents chemically dependent? If so, please elaborate:

No Yes _____

Have you or your parents, grandparents, spouse, or any friends been involved in either participating or meditating ANY of the following?

Under the "ME" column, use "C" to indicate your current involvement and "P" to indicate past involvement.
 Under the "OTHER" column, follow the same instructions and indicate your relationship to the other person.

PRACTICE	ME	OTHER (relationship)	PRACTICE	ME	OTHER (relationship)
Abortion:			Meher Baba:		
Abuse:			Metaphysical Healing:		
Alcohol:			Mind Reading:		
Astrology:			Molestation:		
Astro Projection:			Mormonism:		
Automatic Writing:			New Age:		
Bahaim:			Numerology:		
Bhagwan Shree Rajneesh:			Occult Literature		
Black Magic:			Ouija Board:		
Blood Covenants:			Palm Reading:		
Buddhism:			Parapsychology:		
Card Laying:			Promiscuity:		
Channeling:			Psychic Phenomena:		
Children of God:			Reincarnation:		
Christian Science:			Rosicrucian:		
Clairvoyance:			Roy Masters:		
Crystal Ball:			Sadism/Masochism:		
Curses:			Satanism:		
Eastern Religion(s):			Science of the Mind:		
Eckankar:			Scientology:		
Edgar Cayce:			Séances:		
E.S.P.:			Second Sight:		
EST:			Shriners:		
Fortune Telling:			Silva Mind Control:		
Goddess Worship:			Spiritism:		
Hare Krishna:			Tarot Cards:		
Hinduism:			Tea Leaf Readings:		
Horoscopes:			T. Cole Whitaker:		
Hypnosis:			The Way International:		
Islam:			Transcendental Meditation		
Jean Dixon:			Water Witching:		
Jehovah's Witness:			White Magic:		
Levitation:			Witchcraft:		
Masons:			Unification Church:		
Medium(s):			Unity:		
Other:			Other:		

Medical Information:

Have you ever been hospitalized? If so, when and for what reason(s)?

No Yes _____

Are you currently on any medication? If yes, what and for what reason(s)?

No Yes _____

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

No Yes _____

Do you have any non-sexual compulsive behaviors (eating disorder, alcohol abuse, smoking, spending, chemical dependency, etc.)?

No Yes _____

Have you ever been examined for sexually-transmitted diseases (STD's)? Yes No

Have you been tested for HIV/AIDS? Yes No

Sexual/Relational Information:

How would you define your sexual or relational problem?

How does the problem express itself (pornography use, masturbation, anonymous encounters, emotional problems, etc.)?

Are you currently in a relationship that involves ongoing sexual contact? Please describe your relationship.

Do you believe that extramarital sexual activity, homosexual physical contact, or inordinate emotional closeness with the same sex is sinful? If not, please explain:

No Yes _____

Do you struggle with any homosexual tendencies or feelings? If yes, at what age did you first realize you were attracted to the same gender?

No Yes _____

At what age did you have your first homosexual encounter? _____

None

At what age did you have your first heterosexual encounter? _____

None

Are you currently involved in a sexual relationship (heterosexual or homosexual) outside of marriage?

No Yes _____

Have you ever been involved in a long-term sexual relationship (heterosexual or homosexual) outside of marriage? If so, how long did it/they last?

No Yes _____

Have you ever been sexual with someone you did not know? If so, how frequently did/does this occur?

No Yes _____

Sources of Support:

What specific areas of support, instruction and/or discipleship do you desire?

Emotional Dependency Dealing with Homosexuality Compulsive Masturbation

Codependency Pornography/Internet Pornography Sexual Addiction

Romantic/Sexual Thoughts Anonymous Encounters Phone Sex or Chat Rooms

Dealing with Significant: ___ Homosexual Relationships ___ Heterosexual Relationships

Other (please explain): _____

Have you ever been through a Regeneration program before? If yes, when and for what reason(s)?

No Yes _____

Are you currently receiving help from a healing ministry or support group (if yes, please explain)?

No Yes _____

Do you see a pastoral counselor, professional therapist or other mental health specialist? If yes, who and for what reason(s)?

No Yes _____

Have you ever seriously contemplated suicide? If so, please explain.

No Yes _____

Describe the people in your life who know about your sexual struggles and who are supportive in your healing.

What are your expectations in coming to Living Waters?

Can you make the 24-week commitment? _____

Spiritual/Religious Background:

Are you a Christian? No Yes

If so, for how long? (Briefly describe how you came to believe in Jesus.)

What impact has your relationship with Christ had upon your sexual brokenness?

Confidentiality Policy for Regeneration

1. The Regeneration leadership will hold as confidential all disclosures made by program and support group participants with the following exceptions:
 - a) Disclosures indicating intentions to take harmful, dangerous, or criminal action against another human being
 - b) Disclosures indicating intentions to take harmful, dangerous, or criminal action against oneself
 - c) Suspected acts of child abuse or neglect will always be reported.

Those informed may include one or more of the following:

- Law enforcement officials and/or child protective services;
 - Any person likely to suffer the results of the harmful behavior indicated;
 - Family members of the person likely to suffer results of harmful behavior;
 - Family members of the person intending to harm self or other(s);
 - Associates and/or friends of those threatened or making threats.
2. As a Regeneration support group or program participant, I am not obligated to reveal any information about myself (full name, phone number, etc.) to other participants. I have a right to maintain whatever level of anonymity I choose.

I agree to respect the confidentiality of other group participants. Specifically, nothing that is shared at a Regeneration meeting will be shared outside the group, and a person's involvement with Regeneration will not be shared outside the group.

I also agree to report to the Regeneration leadership any sexual fall or inappropriate behavior with another group participant; any approach made by another group participant to engage in inappropriate behavior; or any threatened intention of another group participant to take harmful, dangerous, or criminal action against another human being or against him/herself.

I have read and understand this confidentiality policy.

Name (printed)

Signature

Date