

# PROGRAM APPLICATION FORM

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**REGENERATION**  
becoming whole.

Thank you for applying to participate in a program hosted by Regeneration. Our hope and intent is that you find what you are looking for: healing, freedom, emotional or relational health, greater capacity to love well, deeper intimacy with God, or any number of other positive results.

This application will allow us to serve you better. All of the questions here are optional, and some might not apply to you (please write "N/A"). However, your honesty and openness are major factors in how much you get out of our programs. Feel free to use additional paper if needed. We are available any time to answer questions you might have about participation.

Your responses below will be kept confidential in accordance with our confidentiality policy. Every participant is required to sign our confidentiality policy before his or her participation in any Regeneration program.

We look forward to meeting you and finding greater wholeness together.

## GENERAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Email address that we may use to contact you \_\_\_\_\_

Mobile phone \_\_\_\_\_ Home phone \_\_\_\_\_  
 Primary? Okay to leave voice mail?  Y  N  Primary? Okay to leave voice mail?  Y  N

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for contacting Regeneration: \_\_\_\_\_

How did you learn about Regeneration? \_\_\_\_\_

## MEDICAL INFORMATION

Do you have any medical or emotional conditions? (i.e.: allergies, respiratory, epilepsy, HIV/AIDS, depression, anxiety, bipolar condition, etc.)

Y  N Please indicate: \_\_\_\_\_

Have you ever been hospitalized for one of the above reasons or for an injury?

Y  N If so, when and for what condition(s)? \_\_\_\_\_

Are you currently on any medications?  Y  N If yes, what and for what reason(s)? \_\_\_\_\_

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

## IN CASE OF EMERGENCY, PLEASE CONTACT

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Cell or home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Please complete and return this application to the Regeneration area where you wish to participate.

You will also need to schedule an interview meeting with a Regeneration staff member.

**BALTIMORE AREA:**  
info@regenerationministries.org  
410-661-0284

**DC METRO AREA:**  
infoNoVA@regenerationministries.org  
703-591-4673

[www.regenerationministries.org](http://www.regenerationministries.org)

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First Initial: \_\_\_\_\_ Last Initial \_\_\_\_\_ Last 4 digits of primary phone number: \_\_\_\_\_

## PERSONAL INFORMATION

Relationship Status:

Single  Engaged  Married *How long?* \_\_\_\_\_  Separated  Divorced  Remarried  Widowed

Children (number and ages): \_\_\_\_\_

Education History: (please check all that apply)

Occupation: \_\_\_\_\_

High School Diploma  Bachelor's Degree  Master's Degree  Ph.D.

## FAMILY OF ORIGIN INFORMATION (use reverse side as needed):

Please describe your relationship with your parents in childhood and as an adult:

Father:

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Mother:

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Describe your parents' relationship:

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

Y  N If so, please explain:

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Are you, or either of your parents, chemically dependent?

Y  N If so, please explain:

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## SPIRITUAL INFORMATION

Are you a Christian?  Y  N If so, for how long? (Briefly describe how you came to believe in Jesus.)

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

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Current church affiliation: \_\_\_\_\_ Level of Involvement: \_\_\_\_\_ How frequently do you attend? How long have you been attending?

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Past church affiliation(s) or religious history:

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**SEXUAL RELATIONSHIP INFORMATION**

Are you currently in a relationship, outside of marriage, that involves ongoing sexual contact?  Y  N  
If so, please describe your relationship.

\_\_\_\_\_

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

\_\_\_\_\_

Have you ever been involved in a long-term sexual relationship outside of marriage?

Y  N If so, how long did it/they last?

\_\_\_\_\_

Are you currently involved in a sexual relationship outside of marriage?  Y  N

\_\_\_\_\_

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

\_\_\_\_\_

Do you believe that pornography use, extramarital sexual activity, and homosexual physical contact are sinful?

Y  N If not, please explain: \_\_\_\_\_

At what age was your first sexual encounter? \_\_\_\_\_

**SEXUAL BEHAVIOR INVENTORY**

*How Frequently? When was the first and last time?*

Viewing pornography \_\_\_\_\_

Sexual fantasy \_\_\_\_\_

Masturbation \_\_\_\_\_

Fornication (sexual activity outside marriage) \_\_\_\_\_

Adultery or emotional affair \_\_\_\_\_

Homosexual sexual activity \_\_\_\_\_

Strip club \_\_\_\_\_

Massage parlors / prostitution / escorts \_\_\_\_\_

Exhibitionism / flashing \_\_\_\_\_

Internet chat rooms / virtual sex / phone sex \_\_\_\_\_

Sexting (sending or receiving) \_\_\_\_\_

Obscene phone calls \_\_\_\_\_

Voyeurism/peeping \_\_\_\_\_

Sadism / masochism \_\_\_\_\_

Fetishism \_\_\_\_\_

Frotteurism (non consensual sexual contact) \_\_\_\_\_

Transvestism / cross dressing / transexualism \_\_\_\_\_

Emotional dependency \_\_\_\_\_

Illegal sexual conduct \_\_\_\_\_

Lying to cover up sexual activities \_\_\_\_\_

Anonymous sexual encounters \_\_\_\_\_

Other (Please list): \_\_\_\_\_



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**PROGRAM INFORMATION**

How would you define the issue you are seeking help for?

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

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Are you currently receiving or have you ever received help from a healing ministry or support group?  Y  N  
If yes, please explain:

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

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

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

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On a scale of 1-10 (1 is very reluctant – 10 is freely) how willing are you to share truthfully about this issue with your Regeneration small group?

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Can you attend all weeks of the program?  Y  N If no, please explain:

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What are you hoping to get from the program?

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What other information do you think would be helpful for us to know about you?

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**MISCELLANEOUS INFORMATION**

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

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Do you have any non-sexual compulsive behaviors (eating disorder, alcohol abuse, smoking, spending, chemical dependency, etc.)?  Y  N If so, please list:

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Have you ever been convicted of a felony?  Y  N If so, please explain:

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Do you struggle to tell the truth?  Y  N If so, please explain:

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**MISCELLANEOUS INFLUENCES INVENTORY**

Have you or a family member ever participated in any of the following? (Circle all that apply.)

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

If you or a family member have participated in any of these, please indicate who, and whether the participation is past or current:

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## I AM APPLYING FOR

- Living Waters  
/ Path Through the Wilderness      Fee: \$400      Deposit: \$140
- Rescue      Fee: \$85/month      Deposit: \$0
- Women at the Well      Fee: \$180      Deposit: \$70

\*Scholarships are available if needed.

## PAYMENT (For all programs except Rescue)

Your deposit is due with this application to reserve your spot in the program.

- I will pay the balance of the program fee by the first night of the program.
- I'd like to set up the following **payment plan**\*:  
\$ \_\_\_\_\_ deposit/initial payment + (\_\_\_\_) x  weekly or  monthly payments of \$ \_\_\_\_\_
- [Program fee] - scholarship amount = requested fee: \$ \_\_\_\_\_

### Payment type:

- I will submit my payments by check or online.
- Please charge the deposit/initial payment, of my **payment plan**\*, to my credit card:  MC  Visa  Discover  Am Ex
- Please also automatically charge, the additional payments of my **payment plan**\*, to my credit card.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_ 3-digit code (on back of card) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Billing address for credit card*

\_\_\_\_\_  
*City/State/Zip*

## PAYMENT (For Rescue only)

I agree to have Regeneration charge my credit card or bank account \$85 per month as long as I continue in Rescue. If I stop coming to the program, I will notify Regen's office by emailing Carol@regenerationministries.org by the first Tuesday of the month. I recognize that refunds will not be possible after this date.

\$85 monthly fee - scholarship amount = Requested fee: \$ \_\_\_\_\_/month

### Payment type:

- Please charge my credit card
- MC  Visa  Discover  AmEx

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_ 3-digit code (on back of card) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Billing address for credit card*

\_\_\_\_\_  
*City/State/Zip*

Please debit my checking account

Bank Name: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_



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## CONFIDENTIALITY AGREEMENT AND RELEASE FROM LIABILITY

1. The Regeneration leadership will hold as confidential all disclosures made by clients and group participants with the following exceptions:
  - a) Disclosures indicating intentions to take harmful, dangerous, or criminal action against oneself, or another human being.
  - b) Disclosures indicating past or present acts of child abuse (physical or sexual).
  - c) Suspected acts of child abuse or neglect.
  - d) When a Regeneration leader or team member feels he/she needs advice about how to best serve participants. All such disclosures will retain anonymity as much as possible.

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. I acknowledge that I have voluntarily come to Regeneration, a Christian discipleship ministry offering help and support to men and women seeking to grow in Christian purity, holiness, and maturity according to traditional biblical teachings about sex, sexuality, family and relationships.
3. I acknowledge that my participation with Regeneration is not a substitute for active involvement in a local Christian church of my choice.
4. I also acknowledge that my participation with Regeneration is not a substitute for psychiatric treatment, psychotherapy, therapeutic counseling or any other form of professional therapy. I understand that Regeneration does not offer professional therapy. Regeneration staff and volunteer team members are not licensed professional therapists. I acknowledge that if any team member possesses a professional license as a therapist, they do not serve in that capacity with Regeneration.
5. I accept complete responsibility for my own psychological, mental, emotional, and spiritual well being. And I further acknowledge that it is my responsibility to ascertain my own need for professional counseling and to seek such professional counseling as needed.
6. I understand Regeneration promotes an orthodox, biblical perspective on sex, gender, and marriage, and while the ministry respects individuals' freedom to choose for themselves what they believe and how they will live, sometimes individuals' perspectives can conflict or confuse the goals of Regeneration's groups. Therefore, Regeneration reserves the right to decide on a case by case basis whether an individual can participate with Regeneration.
7. I understand that because my participation is completely voluntary, I have the right to discontinue my involvement with Regeneration at any time with or without prior notice.
8. On behalf of myself and my assigns, I waive all actions, claims or demands against Regeneration (including all agents, employees, officers, or directors of Regeneration) from any liability for any injuries suffered by me during my voluntary participation in any Regeneration service, including those resulting from negligent acts or omissions, or resulting from negligent acts or omissions of any other participant of Regeneration's programs or groups. On behalf of myself and my assigns, I hereby agree that I will not make any claim against, sue, or otherwise seek damages against Regeneration, including those listed above.

I, \_\_\_\_\_ have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Regeneration, and I sign this agreement of my own free will.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_