

Office Use:

Name: _____

Date: _____



A p p l i c a t i o n

Maple Ridge Community Church

3504 Morehouse Road

W. Lafayette, IN 47906

765-497-4509

adonaldson@mapleridgecc.org

www.mapleridgecc.org

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Home phone: _____

Business phone: _____

Male Female

Single Married Separated Divorced

Are you a Christian? _____ For how long? _____

Current church affiliation: _____

Office Use Only

Application Received: _____ Program Year: 2007-08

Location: Maple Ridge Community Church

Contact Letter Sent: _____

- Contacts: 1. _____
 2. _____
 3. _____
 4. _____

Personal Interview Date: _____

Comments: _____

Holding: _____

Acceptance Letter Sent: _____

Contracts Needed: _____

Deposit Due: _____

Redirection Letter Sent: _____

Comments: _____

*Return the application by
Friday, August 24th
 to Amy Donaldson at
 the Church Office.*

*Your responses will be kept
 strictly confidential.*

What is your past church/spiritual affiliation? Please include non-Christian references as well, if any:

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?

How would you define your sexual or relational struggle?

How does your struggle express itself (anonymous behaviors, emotional problems, etc.)?

Are you currently in a relationship (outside of heterosexual marriage) which involves ongoing sexual contact? If so, please describe your relationship:

No Yes

Do you have any non-sexual compulsive behaviors (i.e. eating problems, alcohol/chemical dependencies, spending, gambling, etc.)?

No Yes

Are you currently receiving ongoing or professional counseling? Have you ever been in professional counseling before? If so, with whom and why?

No Yes

Have you ever attended a Living Waters or CrossCurrent program before? If so, indicate the program, date and location:

No Yes _____

Are you currently receiving help from a healing ministry or support group? If so, please describe:

No Yes _____

Have you attended a support group before? If so, please explain your experience:

No Yes _____

Are you or have you struggled with homosexual thoughts, feelings, or behaviors? If so, please explain:

No Yes _____

Have you ever seriously contemplated or attempted suicide? If so, please explain:

No Yes _____

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

No Yes _____

Are you currently taking any medications? If so, which ones and why?

No Yes _____

Have you ever had a psychological evaluation? If so, was there a diagnosis and what was it?

No Yes _____

Describe the people in your life who know about your sexual and relational struggle and who are supportive in your attempts to pursue healing:

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

No Yes

Do you believe heterosexual sex outside of marriage is sinful? If not, please explain:

No Yes

What are your expectations in coming to Living Waters?

Can you make the 25 week commitment?

No Yes

Living Waters Application

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 Maple Ridge Community Church 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, Maple Ridge Community Church 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 Maple Ridge Community Church, 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 the Maple Ridge Community Church.

Signature

Date