

**Sought Out Office Use Only**

LAST NAME \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_



**APPLICATION**

Please fill out this application with as much detail as you can. Feel free to use the back or an additional page if necessary. Your responses will be kept strictly confidential. You will be contacted for an interview upon receipt of your completed application and a \$25.00 application fee made payable to Sought Out, sent to:

**Sought Out PO Box 62019 Virginia Beach, VA 23466-2019 (757) 631-0099**

Applications must be postmarked two weeks prior to the start of group.

Any applications received after that deadline will be considered on a space available basis.

Date: \_\_\_\_\_ for the group starting \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Other contact number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

At which of these numbers could we leave a message? \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced

Are you a Christian? \_\_\_\_\_ For how long? \_\_\_\_\_ Current church affiliation: \_\_\_\_\_

- *There is a non-refundable application fee of \$25.00.*
- Tuition for the group is \$250 and can be paid over time. Upon acceptance, \$50 deposit is required to reserve your place in the group. The remaining \$200 can be paid-in-full on the first night of class, or in monthly \$35 installments.
- This is a closed group, approximately 30 weeks in duration, of limited capacity. Participants who leave the group create a vacancy that cannot be filled once the group has begun. Consequently, tuition cannot be prorated for participants creating such a vacancy. **Full tuition payment is required of all participants.**  
"If accepted into this program, I commit to regular attendance and full tuition payment as outlined above."

\_\_\_\_\_ (Signature / Date)

- The importance of confidentiality in the healing process cannot be overemphasized. Having a safe place to share hurts and deep secrets of the heart is vital for this class. The information shared within small groups is to remain within those groups.

***"I understand the importance of confidentiality within the group. I will not repeat or disclose the comments, circumstances, or identity of group members to anyone outside of the group."***

\_\_\_\_\_ (Signature / Date)

**Office Use Only**

Date Received: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interview Completed: \_\_\_\_\_

Review of:

- Confidentiality
- Liability
- Boundaries
- Payment

Completed by: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_

Accepted  Hold Acceptance Letter Sent: \_\_\_\_\_

Conditions: \_\_\_\_\_

Contracts Needed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Are you currently participating in ongoing fellowship within your church, besides a regularly weekly service?

No  Yes If yes, please describe \_\_\_\_\_

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

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• 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? \_\_\_\_\_

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• How would you define your sexual or relational area of brokenness ? \_\_\_\_\_

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• How does the problem express itself (anonymous sexual encounters, emotional problems, dependencies, internet pornography, isolation, legal problems, etc.)? \_\_\_\_\_

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• Are you currently in an extramarital relationship involving sexual contact or emotional dependency?

No  Yes If so, please describe your relationship, including how long you've been involved.

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• Do you have any non-sexual compulsive behaviors (e. g. eating problems, alcohol/tobacco/chemical dependencies, spending, escape behaviors involving the internet, romance novels or computer games, etc.)?

No  Yes \_\_\_\_\_

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• With what specific areas do you desire support and ministry?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Emotional Dependency  | <input type="checkbox"/> Dealing with the Gay Lifestyle | <input type="checkbox"/> Masturbation     |
| <input type="checkbox"/> Codependency  | <input type="checkbox"/> Pornography                    | <input type="checkbox"/> Sexual Addiction |
| <input type="checkbox"/> Romantic or Sexual Thought Life   | <input type="checkbox"/> Anonymous Encounters           | <input type="checkbox"/> Phone Sex        |
| <input type="checkbox"/> Internet Addictions   | <input type="checkbox"/> Cross dressing                 | <input type="checkbox"/> Isolation        |
| <input type="checkbox"/> Dealing with Significant: ___ Homosexual Relationships ___ Heterosexual Relationships |   |   |
| <input type="checkbox"/> Other (please explain): _____   |   |   |

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• Are you currently receiving ongoing pastoral or professional counseling?  
 No  Yes If so, please explain. \_\_\_\_\_

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• Have you ever been in professional counseling? If so, with whom and why?  No  Yes

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• Are you currently receiving help from a healing ministry or support group? If so, please describe.  
 No  Yes \_\_\_\_\_

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• Have you ever seriously contemplated suicide? If so, please explain.  No  Yes \_\_\_\_\_

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• Do you use alcohol or other mood-altering substances? If so, what and how often?  No  Yes

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• Describe the relationships of the people in your life who know about your sexual struggles and who are supportive in your healing. \_\_\_\_\_

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• Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful? If not, please explain.  No  Yes \_\_\_\_\_

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• What are your expectations in coming to Living Waters? \_\_\_\_\_

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**SOUGHT OUT-LIVING WATERS  
PRAYER PARTNERING AND ACCOUNTABILITY**

The Christian life was never intended to be a solitary one. Scripture is full of admonitions to encourage each other, to spur one another on, to confess our faults “one to another”. In an age of increasing spiritual independence, most of us have no one who knows us intimately. We fear that if someone did, they would shame or reject us. Consequently, our lives have harbored secret corners where darkness has been able to breed. Living Waters provides the opportunity for us to bring the secrets, fears, and hurts from these corners into the “light” of a safe Christian community, where God can minister focused healing and growth.

The enemy of our souls goes to great lengths to hinder us from encountering that light, however. Over the years, we have learned to urge participants to surround themselves in prayer “covering”. Please start now to find TWO TRUSTED CHRISTIAN FRIENDS who will commit to pray and intercede for you as you go through the program. We will provide weekly topical prayer guides for you to give to these people, along with your more specific requests.

We try to help participants learn the basics of ongoing accountability while in Living Waters. When the program ends, you will not want to be suddenly without the support of safe, honest, Christian accountability relationships. Please begin now to prayerfully seek out a mature Christian individual, preferably from your church, with whom you may develop an accountability relationship.

My intercessors are:

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

My accountability partner is:

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

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**CONFIDENTIALITY POLICY FOR LIVING WATERS  
AND SOUGHT OUT MINISTRIES**

Living Waters leadership will hold as confidential all disclosures made in the context of the Sought Out Ministries/Living Waters program with the following two exceptions:

1. All small group leaders reserve the right to discuss matters disclosed by group members for the purpose of receiving supervision and oversight. This oversight will occur in group supervision meetings held by the group coordinator and attended by other small group leaders.
2. Any Living Water group members who disclose intentions to take harmful, dangerous, or criminal action against another human being or against themselves will necessitate Sought Out Ministries to warn appropriate individual of such intentions. *Suspected acts of child abuse or neglect will be reported.* Those warned may include a variety of such person as:
  - a. The person or family of the person who is likely to suffer the results of harmful behavior.
  - b. The family of the group member who intends to harm him or herself or someone else.
  - c. Associates or friends of those threatened or making threats.
  - d. Law enforcement officials or child protection services.

*I have read and understand the confidentiality policy including its exceptions.*

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Name

## Policy for Interaction with Other Living Waters Participants

Over the course of our experience, we have found that certain things enhance healthy group dynamics and certain activities detract from Living Waters being a healthy, healing experience.

One of the important goals of Living Waters is to create a holy, safe and intimate context where the deep wounds of each group member's heart can rise to the surface and begin to be healed through the care and prayers of the group.

Many people in our society have not experienced healthy, supportive friendships. The intimacy that quickly develops in Living Waters is easily mistaken for friendship, while in reality it is an outgrowth of role-defined relationships. True friendships develop with time and risk, with intimacy developing in pace with general trust.

Living Waters places high value on the importance of healthy friendships, but we believe that the primary place for those heart investments to be made is in the context of one's local church. Living Waters is a unique context where we can discuss and receive healing from the fears which inhibit our greater integration into the Church and into healthy friendships, with people who do not share our same sexual or relational vulnerabilities.

Because many Living Waters participants suffer from emotional and/or sexual addictions, as well as this general and societal friendship deficit, we have learned that certain boundaries must be erected to safeguard the health, intimacy and sanctity of the group. We have seen the effectiveness of Living Waters be greatly undermined when people intertwine the unique intimacy forged in Living Waters with socializing outside of the group.

In order to maintain our goals for providing the best healing opportunity possible, we ask that you refrain from social contact outside of the parameters of Living Waters with other group members for the course of the 30-week program. Exchanging phone numbers within the small group will be at the discretion of each small group leader.

Additionally, we request that you continue to refrain from social contact with other group members for an additional period of six months after completion of the program. This is to encourage formation of healthy friendships, built in the vigorous contexts of investment, risk, and common interest, rather than on an intimacy incubated in the protective environment of Living Waters.

We realize that there will be certain exceptions to this rule, such as when two group members attend the same church and share in the same church functions. While bona fide church group activities may be shared, we ask that you refrain from one-on-one contact outside of those group activities and maintain the spirit of this policy. Please share with your small group leader if you find yourself in this situation.

Another exception would be if a small group wishes to do an activity together outside of Living Waters. We ask that the small group leader be present and that the entire small group be invited.

Over the course of Living Waters, the group coordinator or small group leader may make exceptions to, or modify aspects of this policy as seems appropriate to individual or small group situations.

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I understand and will abide by the policy of refraining from outside social contact with other Living Waters participants. I agree to discuss any complications with this policy with my small group leader. I understand that any willful dishonest or disregard of this policy may lead to my forfeiting my place in the Living Waters group.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## **AGREEMENT AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to Sought Out to participate in the Living Waters: Sexual Redemption in Christ program (Hereafter called the "Living Waters" program), a Christian, non-therapist, worship, teaching, discipleship, and mutual support program.

I am aware that my participation in the Living Waters program is not a substitute for psychiatric treatment, psychotherapy, therapeutic counseling or any other form of professional therapy. I am also aware that my participation in the Living Waters program is not a substitute for my active involvement in a local Christian church body of my choice. I am voluntarily participating in the Living Waters program with the full knowledge of these facts and I accept the complete responsibility for my own psychological, mental, emotional and spiritual well-being. I acknowledge that it is my responsibility to ascertain my own need for professional counseling and to seek such professional counseling as needed. I further acknowledge that my participation in the Living Waters program does not create any special relationship of custody or control between myself and Sought Out or between myself and any other person involved with or participating in the Living Waters program.

As consideration for being accepted by Sought Out to voluntarily participate in the Living Waters program, I hereby release Sought Out and any of its employees or officers from any liability for injuries, physical or mental, suffered by me during my voluntary participation in the Living Waters program, resulting from the negligent acts or omissions of Sought Out, its officers or any other participant in the Living Waters program. Further, I hereby agree that I will not make any claim against, sue or seek to attack the property of Sought Out or its officers or employees and I waive all actions, claims or demands that I now or hereafter may have for injuries, physical or mental, suffered by me during my voluntary participation in the Living Waters program.

**I HAVE CAREFULLY READ THIS AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND SOUGHT OUT AND I SIGN THIS AGREEMENT OF MY OWN FREE WILL.**

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Voluntary Participant Signature

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Date