

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 _____	
<input type="checkbox"/> Primary? Okay to leave voice mail? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Primary? Okay to leave voice mail? <input type="checkbox"/> Y <input type="checkbox"/> N	

I am applying for (please check desired program):

	MARYLAND		NORTHERN VIRGINIA	
<input type="checkbox"/> Rescue/SALT in NoVA	Fee: \$255	Deposit: \$80	Fee: \$300	Deposit: \$125
<input type="checkbox"/> Living Waters	Fee: \$575	Deposit: \$140	-----	-----
<input type="checkbox"/> Women at the Well	Fee: \$180	Deposit: \$70	-----	-----
<input type="checkbox"/> Wives Group	Fee: \$0	Deposit: \$0	Fee: \$0	Deposit: \$0
<input type="checkbox"/> Path Through the Wilderness	-----	-----	Fee: \$475	Deposit: \$115
<input type="checkbox"/> Tree of Life	-----	-----	Fee: \$100	Deposit: \$30

Rescue only: I am applying for: the first time re-enrollment

Fall (Oct.- Dec.) Winter (Jan. - Mar.) Spring (Apr. - June) Summer (July - Sept.)

PAYMENT

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, bi-weekly, or monthly payments of \$ _____

I would like to apply for a scholarship for the following amount: _____

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 _____

(Form continued on next page)

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



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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

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

Father:

Mother:

Describe your parents' relationship:

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

Y N If so, please explain:

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

Y N If so, please explain:

SPIRITUAL INFORMATION

Are you a Christian? Y N 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?

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

Past church affiliation(s) or religious history:

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: _____



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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.

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 activity _____

Strip club _____

Massage Parlors / Prostitution / Escorts _____

Exhibitionism / Flashing _____

Phone sex / Internet chat rooms / Virtual sex _____

Sexting (sending or receiving) _____

Obscene phone calls _____

Voyeurism / Peeping _____

Sadism / Masochism _____

Fetishism _____

Frotteurism (non consensual sexual contact) _____



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Transvestism / Cross dressing / Transexualism _____
Emotional dependency _____
Illegal sexual activities _____
Lying to cover up sexual activities _____
Other (Please list): _____

PROGRAM INFORMATION

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

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

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

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)?

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

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

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 small group? _____

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

What are you hoping to get from the program?

Is there any other information you think would be helpful for us to know?

MISCELLANEOUS INFORMATION

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

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

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

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?

- | | | |
|------------------------|----------------------|---------------------------|
| Abortion | Hare Krishna | Rosicrucian |
| Astrology | Hinduism | Roy Masters |
| Astro Projection | Horoscopes | Satanism |
| Automatic Writing | Hypnosis | Science of the Mind |
| Bahaim | 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:
