

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.

Age

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

GENERAL INFORMATION

Name

Mobile phone			Home phor	ne	
☐ Primary? Okay to leave	voice mail?	Y 🛮 N			oice mail? [] Y [] N
I am applying for (please	check desired	d program):	,		
	MARYLAND)		NORTHERN	VIRGINIA
Rescue/SALT in NoVA	Fee: \$260	Deposit:	\$80	Fee: \$300	Deposit: \$125
☐ Living Waters	Fee: \$575	Deposit:	\$140		
☐ Women at the Well	Fee: \$180	Deposit:	\$70		
☐ Wives Group	Fee: \$0	Deposit:	\$0	Fee: \$0	Deposit: \$0
☐ Path Through the Wilderness				Fee: \$475	Deposit: \$115
☐ Tree of Life				Fee: \$100	Deposit: \$30
Rescue only: I am applyin					(1.1. 0. 1)
☐ Fall (Oct Dec.) ☐ Wii	nter (Jan Ma	ar.) 🗆 Spi	rıng (Apr J	une) 🛚 Summe	er (July - Sept.)
PAYMENT					
Your deposit is due with the	nis application	to reserve	vour spot ir	the program.	
☐ I will pay the balance of					
☐ I'd like to set up the follo			3	- 1 - 3 ··	
· ·	0.	-	weekly, 🛭 bi-	weekly, or 🛮 month	nly payments of \$
☐ I would like to apply for					
Payment type:					
☐ I will submit my paymen	ts by check o	r online.			
☐ Please charge the deposit	/initial paymen	t, of my <i>pay</i>	ment plan*,	to my credit card:	🛮 MC 🖟 Visa 🖟 Discover 🗀 Am Ex
☐ Please also automatical	y charge, the	additional p	payments of	my payment pla i	η^{\star} , to my credit card.
_	_	_			
Exp /	3-digit code (on back of	card)		
Signature			Date		
-					
Billing address for credit of	ard		C	itv/State/Zip	

www.regenerationministries.org

infoNoVA@regenerationministries.org

info@regenerationministries.org

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:

410-661-0284 DC METRO AREA:

703-591-4673

(Form continued on next page)

Email address that we may use to contact you



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) ☐ 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)? $\Box Y \Box N$ 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?
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:



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? \Box If so, please describe your relationship.	Υ□N
Have you ever been sexual with someone you did not know? N If so, how frequently did/	does this occ
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?	
If you struggle with any homosexual tendencies or feelings, at what age did you first realize you to the same gender?	were attracted
Do you believe that pornography use, extramarital sexual activity, and homosexual physical cor ☐ Y ☐ N	ntact are sinful
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	



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 reasons
Are you currently receiving or have you ever received help from a healing ministry or support group? Y 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?
Do you have any non-sexual compulsive behaviors (eating disorder, alcohol abuse, smoking, spending, chemical dependency, etc.)? N If so, please list:
Have you ever been convicted of a felony? N If so, please explain:
Do you struggle to tell the truth? N If so, please explain:



MISCELLANEOUS INFLUENCES INVENTORY

Have you or a family member ever participated in any of the following?

Astrology Astro Projection Automatic Writing Bahaism Bhagwan Shree Rajneesh	Hinduism Horoscopes Hypnosis	Rosicrucian Roy Masters Satanism Science of the Mind
Astro Projection Automatic Writing Bahaism Bhagwan Shree Rajneesh	Horoscopes Hypnosis	Satanism
Automatic Writing Bahaism Bhagwan Shree Rajneesh	Hypnosis	Science of the Mind
Bahaism Bhagwan Shree Rajneesh		
Bhagwan Shree Rajneesh		Scientology
	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 parti is past or current:	cipated in any of these, please in	dicate who, and whether the participation