

**APPLICATION FORM**  
(PLEASE PRINT OR TYPE)

Name: \_\_\_\_\_  
(First and Last - as you'd like it to appear on your name badge)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital status: \_\_\_\_\_ # of Children: \_\_\_\_\_  
(M / F) (Single, Married, SEparated, Divorced, Widowed)

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone / cell: \_\_\_\_\_

Phone / home: \_\_\_\_\_

Phone / work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

- ◆ **What is/are the main issue(s) for which you sought/seek personal healing?**
  - Homosexuality/lesbianism     Sexual addiction     Sexual abuse
  - Codependency     Emotional dependency     Other \_\_\_\_\_

- ◆ **What position of leadership do you desire to serve in?**
  - Coordinator     Small group leader     Assistant small group leader
  - Intercessor     Pastoral overseer     Personal Healing

- ◆ **I want to attend the practical training sessions for:**
  - Living Waters / CrossCurrent

I am registering as: \_\_\_\_\_ (non-refundable deposit)

- INDIVIDUAL** ..... \$100.00
  - MARRIED COUPLE** ..... \$200.00
- (Please fill out individual applications and mail them in together.)*

**OTHER APPLICANTS** from my team who are applying to the training:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The group **COORDINATOR'S** name (*the person who does/plans to coordinate my program at home*) is: \_\_\_\_\_

*Desert Stream Ministries presents:*

**2020**  
**LIVING WATERS**  
**LEADERSHIP**  
**TRAINING SEMINAR**  
*Carlisle, Pennsylvania*

**October 26<sup>th</sup>-November 1<sup>st</sup>, 2020**  
(Monday night – Sunday morning)

*Being held at:*  
**Bongiorno Conference Center**  
430 Union Hall Road  
Carlisle, PA 17013  
www.bongiornocc.com

**APPLICATION PROCESS**

Complete application for the training requires *all* of the following:

- Your finished *application form*
- Your *testimony* (please see #26)
- A *letter of recommendation* and *pastor's questionnaire*, as applicable. (Please see #27)
- \$100.00 *non-refundable* application deposit (will be applied to your balance due)

NOTE: *All* of the above must be received by **August 21<sup>st</sup>, 2020** to avoid additional fees. *Applications received after this date will be charged additional fees.* See page 6 for details.

- 1) Name of church providing the spiritual covering for your program: \_\_\_\_\_
- a) Denomination or movement affiliation: \_\_\_\_\_
  - b) Name of pastor overseeing program: \_\_\_\_\_
  - c) Church location (city/state): \_\_\_\_\_
  - d) Is the program, or will it be, run at this location? \_\_\_\_\_
  - e) Is this your personal church home?  yes  no  
*If "Yes" answer f), g) and h) and then move on to question 2, if "No" go directly to question 3*
  - f) How long have you been involved with this church? \_\_\_\_\_
  - g) Do you attend weekly? \_\_\_\_\_
  - h) In what other capacities are you involved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) If the above church is not your church, what is the name of your church home? \_\_\_\_\_
- Denomination or movement affiliation: \_\_\_\_\_
  - Church location (city/state): \_\_\_\_\_
  - How long have you been involved with this church? \_\_\_\_\_
  - Do you attend weekly? \_\_\_\_\_
  - In what other capacities are you involved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Is the program, or will it be, affiliated with a separate (non church-based) ministry?  yes  no  
*If "Yes" answer the following and move on to question 4, if "No" go directly to question 4*
- a) Ministry name: \_\_\_\_\_
  - b) Ministry location (city, state): \_\_\_\_\_
  - c) Is the program, or will it be, run at this location? \_\_\_\_\_
  - d) How long have you been involved with this ministry? \_\_\_\_\_
  - e) In what capacity? \_\_\_\_\_

- 4) Explain your reasons for wanting to attend the seminar: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) After attending the training, what are your plans for implementing Living Waters, CrossCurrent or Falling Forward?

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6) What do you feel enables you to lead an intensive healing program for people seeking freedom from relational and sexual brokenness? \_\_\_\_\_

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7) How do you feel about participating in a group that includes persons from varying traditions, including Protestant and Catholic?

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8) What resources do you have for personal accountability, oversight, and ongoing healing and growth in your own life?

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9) Please describe your educational history: Years of high school education?: \_\_\_\_\_

Years of college education?: \_\_\_\_\_ Degrees completed?: \_\_\_\_\_

10) Have you ever been through a Desert Stream program before? If yes, when and where?  No  Yes

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11) Are you currently on any medication? If yes, please explain:  No  Yes

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12) Have you ever been hospitalized? If yes, please explain:  No  Yes

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13) Have you ever been convicted of a felony? If yes, please explain:  No  Yes

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14) Do you recall any significant, traumatic incidents in your life, (i.e.: verbal, physical, sexual, or emotional abuse)? If yes, please describe:  No  Yes

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15) Are, or were, you or either of your parents chemically dependent? If yes, please elaborate:  No  Yes

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16) Do you struggle with any homosexual tendencies or feelings? If yes, at what age did you first realize you were attracted to the same sex?  No  Yes, Age?: \_\_\_\_\_

17) At what age did you have your first homosexual encounter? \_\_\_\_\_  None

18) At what age did you have your first heterosexual encounter? \_\_\_\_\_  None

19) Have you ever been involved in a long-term sexual relationship (heterosexual or homosexual) outside of marriage? If yes, please note approximate dates and length of relationship.  No  Yes

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20) What do you believe the Bible says about homosexual physical contact or inordinate emotional closeness with the same-sex?

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21) Do you believe heterosexual sex outside of marriage is sinful?  No  Yes

22) What specific areas of support and/or instruction do you desire? (Choose all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Emotional Dependency  | <input type="checkbox"/> Gender Identity      | <input type="checkbox"/> Sexual Addiction             |
| <input type="checkbox"/> Asexuality  | <input type="checkbox"/> Phone sex            | <input type="checkbox"/> Compulsive Masturbation      |
| <input type="checkbox"/> Sexually unresponsive   | <input type="checkbox"/> Pornography          | <input type="checkbox"/> Romantic/Sexual thought life |
| <input type="checkbox"/> Marital discord   | <input type="checkbox"/> Emotional Dependency | <input type="checkbox"/> Codependency                 |
| <input type="checkbox"/> Dealing with significant: ____ Homosexual relationships ____ Heterosexual relationships |   |   |
| <input type="checkbox"/> Other (please explain):   |   |   |
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23) At what point of your life did you consider yourself a Christian?

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24) Do you consider yourself charismatic in terms of today's expression of the spiritual gifts found in 1 Corinthians 12:7-11?  No  Yes

25) Please list your past church affiliation(s) or religious instruction beginning in childhood:

Name of Church or Group:

From:

To:

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26) On separate paper, please write out your personal testimony, with an emphasis on your own healing process as it pertains to relational and sexual wholeness. Include the following in **at least 500 but no more than 1000 words**:

- Brief description of childhood relationships with family (including mother and father) and any significant childhood events
- Significant wounds and sin patterns in adulthood
- The effects of the brokenness in your life
- How Christ has brought healing
- Current themes and issues of personal growth

27) Please include with your application a letter of recommendation from your group coordinator (if you have been involved in *Living Waters, CrossCurrent*), or a letter from your pastor/overseer (see page 7), or from someone else who is intimately aware of your healing journey and ministry. These may be sent separately.

**I was not able to obtain a letter of recommendation.** (Please explain why on a separate piece of paper.)

 "I understand that my participation in the Living Waters Leadership Training Seminar requires my participating in a small group setting in which self-disclosure and personal sharing will be expected of me. I also understand that the Living Waters Leadership Training is an experiential seminar in that I will be receiving healing prayer and personal ministry in large and small group environments. I understand as well that participating in the Living Waters Leadership Training Seminar does not guarantee that I will receive approval to coordinate a group. A process of evaluation over the course of the week will assess my readiness to lead."

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**SIGNATURE**

**DATE**

**IMPORTANT REGISTRATION DETAILS AND DEADLINES**

**ACCOMODATIONS:**

Standard rooms are double occupancy, dormitory style, with two beds and private shower in each. We will assign you a roommate and request that you specify your preference, if applicable, in the space provide below. Registration fees include all meals, materials and accommodations. Limited private rooms are available. We will accommodate private room requests as much as possible and consider them on a first-come, first-serve basis. Your registration confirmation will indicate the style of accommodation you will receive.

***I am applying for:***

\_\_\_\_\_ **October 26<sup>th</sup> – November 1<sup>st</sup>, 2020 – Registration deadline is August 21<sup>st</sup>, 2020**

- \_\_\_\_\_ **Standard Room (double occupancy).....\$1,199.00** per person, if paid in full by August 21, 2020
- .....\$1,249.00 per person, if paid in full **after** August 21, 2020
- ..... \$1,299.00 per person, if paid in full **after** September 25, 2020
- \_\_\_\_\_ **Private Room (limited availability).....\$1,499.00** per person, if paid in full by August 21, 2020
- .....\$1,549.00 per person, if paid in full **after** August 21, 2020
- ..... \$1,599.00 per person, if paid in full **after** September 25, 2020

My preferred roommate is: \_\_\_\_\_

***I have physical needs that require special accommodations.*** Please explain below:

\_\_\_\_\_

*Please note: we will try to honor all requests for special accommodation but may be limited in our ability to do so*

**REGISTRATION & FEE SCHEDULE:**

- The **complete application\*** including \$100.00 application fee must be received by August 21<sup>st</sup>, 2020 to avoid late fee.
- You will be notified upon receipt of your application and again to confirm your acceptance.
- Your space is not guaranteed until all of your registration fees have been received.
- As we are obligated to pay for your space once reserved, ***there is a \$500.00 cancellation fee for applicants who withdraw after the registration deadline.*** If we are able to fill your space, the cancellation fee will be reduced to \$100.00.
- Individuals coming with a group of 4 or more on the same team will each receive a **\$25.00 discount.**
- Team applicants (2 or more) are encouraged and given priority.

***\*See page 1 for complete application details***

**PLEASE DO NOT BOOK YOUR AIRLINE FLIGHTS UNTIL YOU HAVE CONFIRMATION OF YOUR ACCEPTANCE.**



re: letter of recommendation

Dear applicants,

If you are part of an existing Desert Stream group (*Living Waters* or *CrossCurrent*), please ask your coordinator to write a letter of recommendation for you. Your pastor does not need to fill out the attached form unless you plan to coordinate a new Desert Stream program in the near future.

If you are currently a coordinator or are planning to coordinate a group, please submit the following letter and questionnaire to your pastor (or overseer) from whom you also need to obtain a letter of recommendation. Please explain to your pastor that (s)he will need to return the attached questionnaire with a letter of recommendation.

Thank you!

Desert Stream Ministries



re: evaluation and pastoral recommendation

Dear Pastor,

**Greetings in the Lord! We at Desert Stream Ministries are glad that you want to see a Desert Stream program (*Living Waters* or *CrossCurrent*) implemented in your church.**

One (or more) of your church members is applying to participate in the Living Waters Leadership Training. Our training is for those individuals who want to coordinate and/or help facilitate a Desert Stream program (*Living Waters* or *CrossCurrent*).

We are asking you to evaluate several things. The first involves the readiness of the church member that is applying for the training. Do you see the potential for this member to be a whole-enough healer? Keep in mind that an applicant may still be in the healing process. What we are looking for are those who have a cooperative, servant attitude toward the church and who are already demonstrating healing gifts and integrity there.

Keep in mind the difference between a small group leader who is a part of the team and a coordinator. The coordinator leads the team and thus needs to possess leadership gifts as well as the aforementioned qualities.

Please evaluate the readiness of your church member who is applying for the Living Waters Training. If you are unsure as to whether (s)he is seeking to be a coordinator or small group leader, please find out and evaluate accordingly. Indicate on your referral if this applicant qualifies. Otherwise, please state your denial of recommendation based on premature timing or other disqualification.

If you and your church are planning to sponsor a *Living Waters* or *CrossCurrent* group, we ask you to seriously consider some concerns and questions, so as to help discern your readiness to integrate this program into your church.

1) It's important for the coordinator of your church to have access to ongoing pastoral oversight. Group leaders find that they can be more vulnerable, in whatever ways they experience vulnerability, when they step out in such ministry. Consider...

- ♦ Can you or another pastor on your staff provide ongoing oversight to a coordinator? That could involve group-related issues, and/or the coordinator's personal concerns.
- ♦ Do you feel that you could direct the coordinator to outside resources if required, e.g. psychological supervision, counseling?

2) Healing of sexuality and relationships usually occurs over time. Instantaneous healing occurs sometimes, but usually our souls need many healings in order for us to enter into the relational wholeness God desires for us.

- ♦ Do you believe that your church is the sort of healing community that does (or could) value and understand healing *as a process*?



- ♦ Do you believe that your church would be the sort of community which could bless such a process for its members as something with which we must be patient?
- 3) Although these groups are geared to all sorts of sexual and relational brokenness, the healing of homosexuality is one important issue included. Homosexuality, and the idea that a person can be healed of it, is a cutting-edge issue in our culture that can sometimes provoke debate. Consider whether or not your church would be able to take the risk of being drawn into the debate over homosexuality.
- ♦ For the sake of those struggling with homosexuality, are you and your church members willing to be seen as ‘intolerant’ by those who embrace homosexuality as normal and unchangeable?
  - ♦ Would you be able to deal with people accusing you of being hateful for no other reason but running such a program?
- 4) Lastly, consider the possibility of encouraging a group of intercessors to pray for the group and the church-at-large. A well-coordinated ministry of intercession can make all the difference in the world, especially at the start of the program in any one church.

In all things the focus of these groups is on Jesus, crucified and raised again. At the cross the worst thing that could happen, the murder of God, became the best thing for us, our redemption and the source of our healing. So it is with us when we come to meet Jesus at the cross, our wounds, by His loving grace, become occasions for real resurrection.

May our Eternal Father pour upon you His Spirit which raised Jesus to life, and may He guide you in all your decisions.

In Him,



Andrew Comiskey  
Director and Founder of Desert Stream Ministries

Note: Please write a brief letter of recommendation, and answer and return the pastoral questionnaire on the following page.

### Desert Stream Ministries Pastoral Questionnaire

Name of potential leadership training participant: \_\_\_\_\_

- 1) Is your church member applying as a  *team member* or  *coordinator*?
- 2) What group does this person want to lead?  Living Waters  CrossCurrent
- 3) Describe his or her qualifications for the role:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) If you are planning to sponsor a group in your church, please respond to the following: (Use additional paper if necessary)

A) We are planning to provide pastoral care covering for the coordinator:  YES  NO

Explain \_\_\_\_\_

B) As a church, we esteem the healing of persons, and believe that the healing of sexual and relational brokenness is a process that requires a lot of time and support.  YES  NO

Explain \_\_\_\_\_

C) As a church, we view homosexuality as a sin that can be forgiven, and a brokenness that can be healed. Given that such a perspective is increasingly unpopular, we will persevere in this stance if necessary.  YES  NO

Explain \_\_\_\_\_

D) As a church, we will cover the program in prayer and will seek to integrate it within the breadth of the whole church.  YES  NO

Explain \_\_\_\_\_

Desert Stream Ministries (DSM) will provide the program materials for the coordination of a *Living Waters* or *CrossCurrent* program, but such programs, in order to be successful, must be administered as one of the ministries of your church. Due to the broad geographical base of these programs, DSM cannot be responsible for the management, supervision, and support of said ministries. (We will of course encourage and help you as much as we can, but we cannot assume responsibility for your efforts.) Therefore, by agreeing to provide pastoral care for the coordination and leadership of said ministries, and the full support of your church for said ministries, the undersigned pastor does hereby agree, on behalf of its church, to indemnify and hold harmless DSM from any liability for any injuries suffered by any person as a result of their participation in any of the DSM programs which are acknowledged by the undersigned to be one of the fully supported, sponsored and supervised ministries of the undersigned's church. By signing below, you as pastor and representative on behalf of your church, agree to the foregoing indemnity and hold harmless agreement.

**Pastor's Name:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**Church City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Pastor's Email Address:** \_\_\_\_\_

**Pastor's Phone Number:** \_\_\_\_\_