

REGENERATION OF NORTHERN VIRGINIA

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PROGRAM APPLICATION

Thank you for applying to participate in a program hosted by Regeneration of Northern Virginia. Our hope and intent are that you find a greater capacity to love well and have a deeper intimacy with God.

This application will allow us to serve you better. Some of the questions might not apply to you (please write "N/A"). Your honesty and openness will help us to meet you where you are in your journey to wholeness. Feel free to use additional paper if needed. We are available 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 of Northern Virginia program.

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

I am applying for *(please check desired program):*

- | | | |
|--------------------------|------------------------------------|------------|
| <input type="checkbox"/> | Path through the Wilderness (Fall) | Fee: \$525 |
| <input type="checkbox"/> | SALT (Spring/Summer) | Fee: \$350 |
| <input type="checkbox"/> | Tree of Life (Summer) | Fee: \$185 |

Name: _____

PAYMENT INFORMATION

Please select one of the payment options below:

- I will pay my balance in full on the first night of the program.
- I would like to set up the following payment plan
- \$_____ weekly, bi-weekly, monthly *(all payments must be completed by the end of the program)*
- I would like to apply for a scholarship in the amount of: _____

Program fees can be paid via cash, credit/debit card, or check. Program fees are non-refundable 3-weeks after the start of the program.

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone number: _____

PERSONAL INFORMATION

Name: _____ Age: _____ Sex: M F

Address: _____ City: _____ State: _____

May we mail materials to the above address: Y N May we add you to our newsletter mailing list? Y N

Primary contact phone: _____ Mobile Home Work

Okay to leave voicemail at this number? Y N

Email: _____ May we contact you by email: Y N

Marital status: Single Married (How long _____) Separated Divorced Widowed

Children (how many/ages): _____

Education: High School Diploma Bachelor's Degree Master's Degree Ph.D.

SPIRITUAL INFORMATION

On a separate piece of paper, please write/type no more than a 1-page testimony of your Christian journey, including the impact and/or influence of your relationship with Jesus Christ on your sexual/relational struggles.

What church are you currently attending? _____

Affiliation: _____ How long: _____

How often do you attend worship services? (3-4 times a month) Y N

Please list all past church/religious affiliation(s) or any formal religious instruction: _____

Please indicate any support groups (Christian/non-Christian) you have attended and the length of your involvement: _____

Are you open to the laying on of hands and healing prayer? Y N

Do you believe engaging in any sexual relations outside of heterosexual marriage is sinful and not according to God's design? Y N If no, please explain: _____

FAMILY/RELATION INFORMATION

Please give full answers to the following questions (i.e. not one word answers). Use additional paper if necessary. If additional paper is needed, type-written responses are preferred.

- Of the following, who is aware of your sexual/relational struggles? N/A
- Father Mother Siblings Spouse Children Pastor, Elder, Deacon
- Counselor

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

Father: _____

Mother: _____

Siblings: _____

At what age was your first heterosexual/homosexual encounter? Briefly explain circumstances. N/A

Have you ever been or are you currently involved in any sexual relationship(s) outside of marriage? Y N

If yes, please explain: _____

Do you struggle with emotional dependency, co-dependency, or are currently or in the past been involved in an emotional affair? Y N

If yes, please explain: _____

Do you struggle with unwanted same-sex attraction? Y N

If yes, at what age did you realize that you were attracted to the same sex? _____

Are you aware of any abuse in your past? Y N If yes, please check the areas of abuse that apply to you: Sexual Physical Emotional Verbal Spiritual Mental

Do you recall any significant traumatic events in your life other than abuse? Y N

If yes, please explain: _____

What specific issue(s) is the basis for your program application? _____

What behaviors or difficulties have resulted due to this issue? _____

MEDICAL INFORMATION

Are you currently taking any medications? Y N If yes, indicate the medications and the reason they have been prescribed: _____

Have you or your parents ever been chemically dependent (alcohol, drugs)? Y N

If yes, please explain: _____

Are you currently receiving counseling? Y N If yes, your counselor must be informed of your involvement in the program. We require a signed letter for your counselor/therapist/psychiatrist approving your program participation.

Is the counselor a Psychiatrist Licensed Professional Pastoral Counselor Lay Counselor

Please provide the contact information for your counselor:

Name: _____ Phone: _____

Have you ever seriously contemplated suicide (i.e. developed a plan)?: Y N

If yes, please explain: _____

Have you ever been hospitalized for mental or emotional issues/distress? Y N

If yes, please explain the circumstances: _____

PROGRAM EXPECTATIONS AND COMMITMENT

What are your expectations and goals in coming to the specified Regeneration program?

SPIRITUAL INFLUENCES FORM

Have you or a family member ever participated in any of the following? Please circle all that apply. Use the space at the bottom of the page to indicate whether the participation is past or current for you or your family member.

- | | | |
|---|-----------------------------|----------------------------------|
| Astrology | Hare Krishna | Scientology |
| Astro Projection | Hinduism | Séances |
| Aura Reading | Horoscopes | Second Sight |
| Automatic Writing | Hypnosis | Shriners |
| Bahaism | Islam | Silva Mind Control |
| Bhagwan Shree Rjneesh | Jean Dixon | Spiritism |
| Bestiality | Jehovah's Witness | Tarot Cards |
| Black Magic | Levitation | Tea Leaf Readings |
| Blood Covenants | Mason | The Way International |
| Buddhism | Medium(s) | Transcendental Meditation |
| Card Laying | Meher Baba | Unification Church |
| Channeling | Metaphysical Healing | Unity |
| Children of God | Mind Reading | Water Witching |
| Christian Science | Mormonism | White Magic |
| Clairvoyance | New Age | Wicca |
| Crystals, crystal gazing | Numerology | Other: _____ |
| Death Cults (including Santé Muerte) | Occult Literature | |
| Dedications (non-Christian) | Ouija Board | |
| Demonology | Palm Reading | |
| Divination | Parapsychology | |
| Dungeons & Dragons | Psychic Phenomena | |
| Eckankar | Reincarnation | |
| Edgar Case | Ruins/Druid | |
| EST | Rosicrucian | |
| Fetishes | Roy Masters | |
| Fortune Telling | Satanism | |
| Goddess Worship | Science of the Mind | |

WHAT IS REQUIRED OF ME?

It is important for you to understand what is required of you as a participant in *Path through the Wilderness*. Be aware you will experience many challenges in order to receive all that you can from this program. What is required of you is *commitment*! This program requires commitment to yourself, commitment to others, and commitment to the Lord. The real reason you are in this program is because of the Holy Spirit's leading. This is a special season for you requiring self-control and perseverance. It will require sacrifice of your time. Please read the following and consider the personal cost necessary. We take this program seriously and ask you would as well.

◆ ATTENDANCE

Path through the Wilderness requires a strong commitment by the participants and leaders alike. Because you have purposely set aside this season of time for focusing on significant issues and struggles in your life, your attendance at **every** meeting is necessary! This means deliberately adjusting your schedule for Thursday evenings and the two Saturdays! The Saturday sessions are very important and must not be missed. Our experience has shown that when chapters cover personally challenging past issues, such as abuse, more reasons than usual will present themselves for not attending (i.e. feeling tired). At these times it will seem more difficult to attend. The enemy will attack in many ways to prevent you from coming. We understand there are exceptions and emergencies which may arise, and we allow grace for such circumstances. Be aware of this in advance and be prepared for battle!

◆ PUNCTUALITY FOR WORSHIP

Punctuality follows on the heels of the discussion on attendance. You do a great disservice to the worship leader and others in the group by arriving *consistently* late for worship. Trying to find a place to sit is disrupting to others, and can seriously interfere with what the Lord may be doing with an individual or the group that evening. The worship time is a vibrant and **necessary** part of the program. This time is just as important, sometimes even more so, than the teaching or small group time! Make the choice in your heart before you begin this program to commit to every aspect of it! The traffic in our area is unpredictable. Plan now to adjust your work schedule so Thursday afternoons will be open for you to leave with the adequate time to arrive for each session.

◆ APPROPRIATE ATTIRE

While we do not want to be too restrictive about what you can and cannot wear to the meetings, please be respectful of the sensitivity of others when it comes to your attire. What might be appropriate for one person may be a stumbling block for another. Please dress modestly for the meetings by avoiding clothing that is unusually tight or revealing. Likewise, if the clothing choice of someone in the group is consistently serving as a stumbling block for you, please make this known to one of the leaders. The leader will discreetly discuss the matter with the individual, and your disclosure will be kept confidential.

◆ **SMALL GROUP SHARING**

Our policy manual, which you will be receiving, clearly outlines the parameters we follow for our small group discussions. During the week the program begins, we suggest you carefully reread this manual. You are an important and vital part of your small group. Your lack of participation *does* influence others in your group. One's willingness to share and be open allows the Holy Spirit to minister not only to that individual, but to the others in the group as well. Commit to allowing this opportunity for the Lord to do a deeper work in you through this process!

◆ **READING, HOMEWORK, AND JOURNALING**

We expect you will come prepared for the evening meeting. This means you will have spent quality time *before Thursday* to prepare. This includes reading the assigned chapter in the workbook, any additional required reading (provided at meetings), and completing all written homework assignments. The reading and homework assignments correspond to the chapters as indicated on your syllabus which provides the complete program outline. ***Consistent failure to come prepared for the evening or handing in the required homework may be grounds for dismissal from the program.*** Lack of preparation hinders the small group dynamics and often becomes disruptive for the small group.

Often there is a waiting list for those who wanted to enroll but space was unavailable. If you drop out of the program this year, do not assume you will be able to retake it again the next time. We take this program very seriously. Once again, plan now to commit to truly apply yourself to this program.

PROGRAM CONFIDENTIALITY & LIMITATIONS FORM

Confidentiality and safety are the hallmarks of Regeneration of Northern Virginia’s programs. In order to maintain an atmosphere of safety and trust, specific parameters are required.

All information shared within the confines of Regeneration of Northern Virginia’s programs is to **remain** confidential and private. Disclosure of shared information outside the confines of our programs (including spouses, if you are married) will be grounds for dismissal. Small group leaders reserve the right to discuss information as needed with the ministry director(s) for the purpose of seeking counsel, oversight, and/or accountability. The director(s) will determine when further discussion with other leadership is required. In **all** cases consideration for the privacy of individuals will be upheld.

The only exception to confidentiality a leader(s) will make is if an individual communicates the intent to take harmful or dangerous action against him/herself or another human being. The leader(s) will give the individual an opportunity to inform the appropriate authorities or others involved before taking further action. Additionally, leaders will report to the proper authorities any type of *current* activities that would bring endangerment to a child.

Regeneration of Northern Virginia does not offer emergency support. In the event of an emergency or if any of the aforementioned situations are imminent, the participant involved must call 911.

I have read and understood the above written disclosure and agree to its conditions.

Signature

Date

Printed Name

CHECKLIST

I have completed all sections of the application to the best of my ability.

I have included my testimony on a separate sheet of paper.

I have read and understand “What is required of me?” Initials: _____

I have signed the program confidentiality and limitations form.

Please send your application to Regeneration of Northern Virginia via email at infonova@regenerationministries.org or via US mail to:

Regeneration Ministries

PO Box 1034

Fairfax, VA 22038

To contact our office with questions, please call 703-591-4673.