



**PLEASE NOTE:** Complete this application in as much detail as possible. Use the back of the page if necessary.

Return your application by 15 January 2019 to Journey Thailand offices:

**Address and contact information: [journeythailand2016@gmail.com](mailto:journeythailand2016@gmail.com)**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MALE  FEMALE  SINGLE  MARRIED  SEPARATED  DIVORCED

Are you a Christian?: \_\_\_\_\_ For how long?: \_\_\_\_\_

Current church affiliation: \_\_\_\_\_

What is your past church / spiritual affiliation? (Please include non-Christian references as well.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY</b>		<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Date Application received: _____	Referred by: _____	
<input type="checkbox"/> Program Fee received	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card _____
Date Contacted: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other	
Comments: _____		
_____		
_____		
_____		

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 relational and/or sexual problem(s)?

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How does the problem express itself? (Sexual behaviors, emotional problems, addictions, etc.):

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Are you currently in a relationship that involves ongoing sexual contact? Please describe your relationship:

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

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Do you have any non-sexual compulsive behaviors? (i.e. eating problems, alcohol / chemical dependencies, spending, etc.):

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

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Are you currently receiving ongoing pastoral or professional counseling? (please explain):

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

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Have you ever received professional counseling? (from whom and why):

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

Are you currently receiving help from a healing ministry or support group?

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

Have you ever seriously contemplated suicide? If so, please explain:

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

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

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

Describe the people in your life who know about your relational and/or sexual struggles and who are supportive in your healing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for seeking the help of Journey?

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What are your expectations in coming to Journey?

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Please write your personal testimony on another piece of paper with an emphasis on your own healing process in regards to your sexuality (heterosexually and homosexually) for at least 500 words (no more than 1000 words) and include the following:

- 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

Please include one Letter of reference from your Pastor (or overseer, if you are a pastor), or from someone else who is intimately aware of your healing journey and ministry.

*Journey Thailand respects your privacy. We protect your personal information (name, address, phone number and email address) and adhere to all required legislative requirements with respect to protecting your privacy. We do not rent, sell, trade or distribute our mailing list to anyone. The information you provide as part of applying for one of our programs is kept strictly confidential, and all such documents are securely stored. Only those who oversee the particular program for which you have voluntarily applied and those who are designated as small group leaders for such that program will read your application and other related forms. The confidential intake form you complete will be returned to you after you have finished the program for which you have enrolled.*

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Signature

Date