

A P P L I C A T I O N



LWLT 2017

June 4-10, 2017

CCT Tagaytay Retreat & Training Center
Philippines

Name _____
(last) (first) (title: Mr., Mrs., Miss, Ms., Dr., Rev., Pastor)

Age: _____ Gender: _____ / _____ Marital Status: _____ # of children: _____
M F (Single, Married, Divorced, Widow, etc.)

Complete Street Address: _____

Zip Code: _____ Country: _____

Phone / home: _____ Phone / work _____

Phone / mobile : _____ E-mail address _____

Occupation: _____ Birthday (mm/dd/yy) _____

Church Name _____

Church Position/Ministry Involvement _____

1. In what area/s of your life you're seeking healing for?

- Fear of people Low self-esteem Sexual addiction Homosexuality
 Sexual abuse Emotional dependency Other/s: _____

2. In what capacity do you wish to serve in Living Waters healing ministry?

- Coordinator Small group leader Assistant small group leader
 Intercessor Pastoral overseer Other: _____

3. I'm registering as:

- Single Room (\$250.00@) P 12,500
 Two/Room (\$200.00@) P 10,000
 Four/Room (\$150.00@) P 7,500
 Six/Room (\$140.00@) P 7,000

To register for the training, please include:

- Your completed application
 Your testimony
 A letter of recommendation
 \$50 (This deposit is non-refundable.)

This form may also be downloaded at
<http://livingwatersphilippines.org>
and email your accomplished application form to:
lwt@livingwatersphilippines.org

For more information, pls text/call:
+63908-8115824 (Vicky)

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

1. _____
2. _____
3. _____

My group **COORDINATOR'S** name (the person who will be coordinating the Living Waters program) is:

IMPORTANT DETAILS AND DEADLINES

The Deadlines and Costs for the Training are as follows:

- All requirements for application must be submitted on or before APRIL 15, 2016.
- Cost of registration is inclusive of meals, snacks and all materials. Delegates will be responsible for transport to and from CCT TAGAYTAY;
- Team applicants (two or more) are encouraged and given priority. No group rates are available.

PAYMENT OF DEPOSIT

The following is the mode of payment for the deposit of **₱1,000.00** for individual (local) delegate , **\$50 (international) delegate**. *Paypal Payment: info@livingwatersphilippines.org*

THIS IS NON-REFUNDABLE

Make Cash or Checks payable to Agos ng Buhay (Living Waters Phils.), Inc.

And deposit to:

Bank of the Philippine Islands (BPI), 6750 Ayala Branch, Peso Current Acct # 3201-0365-68, OR
BDO Savings Acct # 430207239

QUESTIONS?

Contact:

- 0908-8115824 or (02)571-3904 (Vicky)

Email address: lwlt@livingwatersphilippines.org

Mailing Address: Living Waters Philippines
Unit 401 Peaksun Bldg.,
Princeton St., Cor. Shaw Blvd.
Wackwack, Mandaluyong City

Email applications are available upon request.

ATTENTION:

Accepted Applicants

You shall submit a completed Confidential Intake Form prior to joining the training. The form, together with other information, will be sent to you with your acceptance notice.

OFFICE USE ONLY

Application received	Accepted
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Confirmation sent	Denied
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FEES

Triple / Double/ Room	P	
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Deposit date: Ck / MO#:		
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___ / ___ / ___ # _____	P	
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Balance due:	P	
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Bal. Rec'd date: Ck / MO#:		
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___ / ___ / ___ # _____	P	
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TOTAL:	P	
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NOTES

APPLICATION DETAILS:

1. ♦ Are you affiliated with a ministry? (either church-based or para-church)

♦ Ministry location (city / province): _____

♦ How long have you been involved? _____

♦ In what capacity? _____

2. ♦ What is your church affiliation? _____

♦ Church street address: _____

♦ Name of pastor: _____

♦ How long have you been involved in this church?

♦ In what capacity do you serve? _____

3. Explain your reasons for wanting to attend the Living Waters Leadership Training

4. After being equipped to be part of a leadership team that will run a Living Waters program (what are your plans for implementing the program in your church/ministry?)

5. Does the Living Waters program have a spiritual or pastoral covering in your church? (Or if you intend to run it, do you think it will have the covering of your pastor?)

Yes No

Please explain: _____

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

7. What resources do you have for personal accountability, oversight, and ongoing health and growth in your own spiritual life?

8. Please write your testimony, with emphasis on your own healing process in regard to your own sexual and relational wholeness (NOT a conversion testimony). Please use a separate piece of paper. Write at least 500 but no more than 1000 words. Please 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 your brokenness in your life**
- **How Christ has brought healing**
- **Current themes and issues of personal growth**

10. Please include with your application a *letter of recommendation* from your Living Waters coordinator, or your pastor (or overseer, if you are a pastor), or from someone who is aware of your healing journey and ministry.

11. Personal Agreement and Commitment:

“I understand that my participation in the Living Waters Leadership Training (LWLT) requires my participation in a small group setting in which self-disclosure and personal sharing are expected of me.

I understand that the LWLT is an experiential seminar in that I will be receiving healing prayer and personal ministry in large and small group settings.

I also understand that I must arrive on time for each of the sessions; that I will complete the entire LWLT and will not leave before it is over; and that I will attend ALL teaching and small group sessions.

I understand that I must stay at the conference venue during the entire LWLT.

I understand as well that participating in the LWLT does not guarantee that I can run the program/s. A process of evaluation over the course of the week will assess my readiness to lead.

SIGNATURE

DATE

BEFORE YOU SUBMIT THIS APPLICATION PLEASE MAKE SURE YOU HAVE THE FOLLOWING ENCLOSED:

- Completely filled-up application form
- Your testimony (500-1000 words, see #9 above)
- Letter of recommendation (see #10 above)

All items must be mailed or submitted together and be received by our office not later than October 14, 2001

Married couples should submit separate application forms