



# love in action

*THE SOURCE*

4 – DAY INTENSIVE PROGRAM

WOMEN

APPLICATION

## 1 - *The Source* 4-Day Intensive Application



Dear Friend,

Congratulations on beginning the application process for *The Source* 4-Day Intensive Program. It is encouraging and humbling to see people willing to make them vulnerable enough to admit they need help. In your recovery process we pray you will discover that God is the God of where you are right now. He will never bully you into doing things you're not ready for, but will gently and lovingly nudge you toward each successive step of faith. Take heart: the fact that you're about complete this application shows that God has already brought you a long way!

Many applicants to *The Source* program struggle with feeling isolated from other people, and some firmly believe that "God alone can heal me". The idea of opening up to someone else about their internal struggles, especially another Christian, may strike them as quite foreign. If you struggle with these feelings, you may find God challenging that mindset from the very start, even as you answer the questions on this form.

As He draws you out of isolation and takes you through the process of becoming honest about your brokenness, you will find (perhaps to your surprise!) that healing will begin to come through other people. God will use others to pour his mercy, grace and love into your life, and the more he pours out the more you will find you have something to give back to others. At Love in Action you will learn that God doesn't heal in a vacuum. He brings healing as we grow more deeply connected to others in the Body of Christ.

As you prayerfully answer the questions in this application, we want to encourage you: you are applying to be part of a redemptive Christian environment where other believers will be invested in your recovery. As you experience growth and healing, you will become invested in theirs as well. We pray that at this crucial time in your life you will press into God and His Body to find your true fulfillment, posturing yourself to receive the many blessings we know He has for you.

In His Grip,

The LIA Staff

[admin@loveinaction.org](mailto:admin@loveinaction.org)

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## APPLICATION INSTRUCTIONS/PROCESS

**If you have received your application in the mail, please complete within 30 days of receipt.** This will ensure that the information submitted is up to date and accurate. Please call or e-mail if you have any questions or concerns regarding the requirements.

### COMPLETING THE APPLICATION PROCESS

Please examine each section and their instructions carefully. We will not be able to process your application unless all aspects have been successfully completed. Please mail, email, or fax your application to us along with the following items to our contact information at the bottom of this page.

1. **Personal Biography** – please include the following in your Personal Biography:
  - a. Some family history, including your current relationship with your father & mother
  - b. Your current relationship with your spouse and children
  - c. Your Church/Spiritual Experience and/or Salvation Experience
  - d. Describe your sexual history including:
    - 1) Sex with Men and/or Women
    - 2) Pornography
    - 3) Masturbation
    - 4) Visits to Bookstores
    - 5) Anonymous Sex
    - 6) Any other
  - e. Please describe your history of any physical, sexual, and/or emotional abuse
  - f. Address specific areas of support and/or instruction you desire to receive in coming to *The Source* Residential Program
  - g. What are your expectations of *The Source* program? What changes do you expect to see in yourself as a result of your completion of the program?
2. A recent photo (taken within the last six months)
3. A photocopy of your Driver's License and/or Birth Certificate
4. 3 References (1 Spiritual Leader/Mentor, no relatives, known for at least 2 years. If a male applicant, 2 references have to be male.
5. Application Processing Fee (non-refundable) of \$25.00 made payable to LIA, *fee will be applied to your program fee if accepted.*

### SELECTION PROCESS:

Once all requirements have been submitted to the Love in Action International, Inc. Selection Committee, they will review and respond with a decision promptly. When you have been accepted and your 4-Day scheduled, you will need to submit your non-refundable deposit to secure your placement. If, at the time, you are accepted and there is not a space available, you will be placed on a waiting list.

**Submitting an application does not mean automatic selection.**

## THE SOURCE FINANCIAL POLICY & AGREEMENT

### PROGRAM:

1. **4-Day Intensives (Men):** Participants in the 4-Day Intensive program reside off-campus and attend their program at the Love in Action campus from 9:00 – 5:00 PM Monday thru Thursday. During these hours, participants will alternate between one-on-one time with their Intensive Counselor and individual work, with assignments to complete each evening. Participants receive a set of tools that will empower them to embrace their identity in Christ and reconnect with God in a deeper way.

**Cost - \$1,500**    **Non-refundable Deposit - \$500**    **Application Fee - \$25.00**

***We require a 2-week Notice if you need or want to cancel your Program.***

**PROGRAM START DATES** – *The Source* program always begins on a Monday. Upon acceptance, we will offer you the earliest possible start date. Once a date is selected, your non-refundable deposit must be submitted to secure your placement. **Program fees are due prior to arrival or on start date. Any exceptions will be made by the Executive Director.**

**FINANCIAL SUPPORT** – At times, our clients choose to raise financial support to assist with their program fees. Your family & friends may contribute tax-deductible funds on your behalf to our Scholarship Fund. We purpose to use donations received into the Scholarship Fund as intended by the provider. The contributions are non-refundable and if the client chooses to leave the program pre-maturely, the funds will be used by Love in Action in other areas of need including a scholarship fund for other clients. **If your supporters would like to contribute to our Scholarship Fund, they must:**

1. Make their checks payable to Love in Action
2. Leave the “Memo” section blank and include a separate note stating they would like to support you
3. Mail their donation directly to us at: Love in Action, PO Box 343418 Memphis TN 38184-3418

**NO-REFUND POLICY** – Under no circumstances will refunds be offered for any segment of the fees for *The Source* program including the Application Fee, the Deposit and the Program Fees and any Donations given on your behalf.

I (applicant’s name) \_\_\_\_\_ am applying for the program selected above. If accepted, I agree to submit the entire balance of my program fees before arriving at Love in Action International, Inc. I recognize that fees are my responsibility, regardless of who may actually be paying the fees. I also acknowledge that my housing and/or start date will only be confirmed after Love in Action International, Inc. has received my non-refundable reservation deposit. I further acknowledge that I have read and accept Love in Action International, Inc.’s **Refund Policy**. I understand that, should I choose to break this contract, I may be dismissed from the program.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer each question as honestly as possible. Print legibly – using either blue or black ink.

**PART I – PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

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

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Divorced  Separated  Widowed

**If Married/Separated:**

Name of Spouse: \_\_\_\_\_ Years Married: \_\_\_\_\_

If you are divorced or separated, how long have you been separated or divorced? \_\_\_\_\_

Have you discussed with your spouse your desire to participate in *The Source* program?  Yes  No

If “Yes”, is he/she supportive of your desire?  Yes  No If “No”, why not? \_\_\_\_\_

**Children (if more than 3, please attach a separate sheet):**

Names	Ages	Public or Home Schooled & Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment:**

Name of Employer: \_\_\_\_\_

Address (Include City, State & Zip): \_\_\_\_\_

Title: \_\_\_\_\_ How long have you been with this job? \_\_\_\_\_

**PART 2 – EDUCATION**

Did you graduate from high school?  Yes  No If “Yes”, what year did you graduate? \_\_\_\_\_

Did you attend college or continuing education?  Yes  No If “Yes”, where did you attend? \_\_\_\_\_

Did you graduate?  Yes  No If “Yes”, year you graduated & GPA: \_\_\_\_\_

If “No”, how many years did you complete and your GPA: \_\_\_\_\_

Did you attend any type of religious school or training (Bible School, etc)?  Yes  No

Name of school: \_\_\_\_\_ Denomination: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

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**PART 3 – SPIRITUAL INFORMATION**

Do you attend a local church now?  Yes  No If “No”, please explain why not: \_\_\_\_\_

If “Yes”, give name of church: \_\_\_\_\_

Denomination: \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

Please check all that apply to your church involvement:

Sunday Attendance  Mid-Week Service  Weekly Bible Study Group

Other Activities: \_\_\_\_\_

Name of Pastor you are closest to (First & Last Name): \_\_\_\_\_

Have you told your pastor about your interest in being a part of *The Source* program?  Yes  No

If “No”, please explain why not: \_\_\_\_\_

**PART 4 – RELATIONAL/LIFE DOMINATING ISSUES**

Describe your relationship with male authority figures:

Appreciative  Comfortable  Distant  Fearful  Anxious  Other

Describe your relationship with female authority figures:

Appreciative  Comfortable  Distant  Fearful  Anxious  Other

Are you, or have you been in an emotionally dependent/exaggerated relationship?

Yes  No If “Yes”, was it with:  Men  Women  Both

I am have or currently struggling with:

Alcohol  Drugs  Co-Dependency  Emotional Dependency

Pornography  Hetero Sexual Addiction  Same-Gender Attraction  Sexual Promiscuity

Homosexual Sexual Addiction  Other: \_\_\_\_\_

Alcohol: do you still drink or struggle with wanting a drink?  No  Still Use  Struggle

Illegal Drugs: do you still use or struggle with using illegal drugs?  No  Still Use  Struggle

If “Still Use”, what are you using? \_\_\_\_\_

What illegal drugs have you used in the past? \_\_\_\_\_

Do you consider yourself to be in recovery from an alcohol/drug problem?  Yes  No

If “Yes”, how long have been completely sober? \_\_\_\_\_

Have you ever contemplated or attempted suicide?  Yes  No If “Yes”, please explain: \_\_\_\_\_

Have you ever practiced self-mutilation (cutting, burning, etc.)?  Yes  No If “Yes”, please explain: \_\_\_\_\_

**PART 5 – HEALTH & OTHER INFORMATION**

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Include City, State, & Zip): \_\_\_\_\_

Best Phone Number to reach them at: (\_\_\_\_\_) \_\_\_\_\_

Do you have any physical limitations that might keep you from functioning in *The Source*? (You need to be able to sit upright in a chair; be roused from sleep without difficulty; walk without assistance; focus for up to 1.5 hours; hear, understand, read and write English; digest food properly, etc).  Yes  No If “No”, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized?  Yes  No If “Yes”, for what reason: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies to medications?  Yes  No If “Yes”, please list each one: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had, been diagnosed with, or been treated for any of the following?

**STD**

- Crab Lice
- Genital Warts
- Gonorrhea
- Herpes
- Syphilis
- Other: \_\_\_\_\_  
\_\_\_\_\_

**Mental/Emotional**

- Anorexia
- Bulimia
- Bipolar Disorder
- Anxiety Attacks
- Depression
- Schizophrenia
- Other: \_\_\_\_\_  
\_\_\_\_\_

**Medical**

- Asthma
- Diabetes
- Heart Disease
- High Blood Pressure
- Insomnia
- Migraine Headaches
- Menopause/Peri-Menopause
- Pre-Menstrual Syndrome
- Ulcers
- Other: \_\_\_\_\_  
\_\_\_\_\_

If “Yes” on any of the above, when and for how long were you treated? \_\_\_\_\_  
\_\_\_\_\_

Have you ever experienced loss of time, or loss of memory for past events?  Yes  No If “Yes”, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are you on any medications?  Yes  No If “Yes” please list below:

**Name of Medication**

**Recommended Dosage**

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

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

Are you taking the medication as prescribed?  Yes  No

Have you ever or are you currently abusing prescription medication?  Yes  No If “Yes”, what and for how long?  
\_\_\_\_\_

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**Family History:**

Is there any history of psychiatric or addiction problems in your family?  Yes  No If "Yes", please explain: \_\_\_\_\_

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

**Part 6 – Support System & Counseling History**

Please provide a chronological history, beginning with the earliest, of any attempts you have made at recovery or counseling. In an effort to ensure that *The Source* 4-Day Intensive is a good match for you, Love in Action would like to consult with your support group leader and/or counselors. We will not do so without your express written consent. If you agree to allow Love in Action to contact members of your support network, please sign your name where indicated for each individual listed.

**1. Support Group -**

**Name of Group Leader:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

Email address: \_\_\_\_\_

I, \_\_\_\_\_, agree to allow Love in Action International to contact the above named support group leader in order to determine my suitability for *The Source* 4-Day Intensive Program.

**2. Professional Counselor -**

**Name of Counselor:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

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

I, \_\_\_\_\_, agree to allow Love in Action International to contact the above named counselor in order to determine my suitability for *The Source* 4-Day Intensive Program.

**3. Pastoral Counselor -**

**Name of Counselor:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

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

I, \_\_\_\_\_, agree to allow Love in Action International to contact the above named pastoral counselor in order to determine my suitability for *The Source* 4-Day Intensive Program.

What are some gains or benefits you have experienced as a result of your efforts to seek help from counselors and/or support groups? \_\_\_\_\_

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

**PART 7 – LEGAL INFORMATION**

Have you ever been arrested for any reason?  Yes  No If "Yes", please list dates & reason:

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

Are you currently on probation?  Yes  No

Name of Probation Officer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Do you have any legal matters pending at this time (warrants, unpaid tickets, criminal investigation, etc)?  Yes  No

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If "Yes", please explain: \_\_\_\_\_

Is any of pending legal matters drug related?  Yes  No Sexually related?  Yes  No

Before answering the remaining questions in Part 6, please carefully read the following notice:

**Confidentially:** A federal law mandates that we honor your confidentially. This means that we cannot share any of your personal information unless you sign a release for us to do so. There are some exceptions to confidentially. We may disclose personal information without your consent or authorization in the following circumstances:

- 1) **Child Abuse:** If we have knowledge of any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition of such a nature as to reasonably indicate brutality, abuse, or neglect, we are required by law to report such harm immediately to the Tennessee Department of Children's Services or to the judge having juvenile jurisdiction, or the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Also, if we have reasonable cause to suspect that a child has been sexually abused, we must report such information.
- 2) **Adult & Domestic Abuse:** If we have reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, we are required by law to report such information to the Tennessee Department of Human service. An example of adult abuse might be abuse by nursing home staff. In case of domestic abuse (TC 36-3-62), voluntary reporting may be done without disclosing the name or identity of the client.
- 3) **Serious Threat to Health or Safety:** If you communicate to us an actual threat of bodily harm against a clearly indentified victim (including yourself) and we determine or reasonably suspect that you have the apparent ability and/or likely to commit such an act unless prevented from doing so, we are required to take reasonable care to predict, warn of, or exercise precautions to protect the identified victim from your stated or suspected intention of violent harm.

Have you been involved in any of the following activities? Please check all that apply.

Pedophilia  Sex with Minors  Child Pornography

If you checked any of these, have these activities been reported to and dealt with by the proper authorities?

Yes  No If "No", please explain why not: \_\_\_\_\_

Are you required to register as a sex offender?  Yes  No If "Yes", for which offense? \_\_\_\_\_

**PART 8 – RELEASE OF LIABILITY**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to *The Source* Residential Program at Love in Action International, Inc. to participate in worship, teaching, discipleship, and mutual support.

I am aware that this program is not a substitute for psychiatric treatment, psychotherapy, or professional therapeutic counseling. I am voluntarily participating in the activities of Love in Action International, Inc. with full knowledge of the facts stated herein, and I hereby agree to accept complete responsibility for my own psychological, mental and emotional well-being, and any and all risks attendant thereto.

If Love in Action International, Inc. or one of its affiliated organizations accepts me for participation in its activities, I hereby agree that I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like, shall not make any claim against, sue, or seek to attack the property of Love in Action International, Inc. or any of its affiliated organizations, as a result of my participation in these activities; nor shall I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like make any claim against, sue, or seek to attack the property of Love in

**LOVE IN ACTION INTERNATIONAL, INC**  
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Action International, Inc. or any of its affiliated organizations as a result of the negligence or any other acts of any Love in Action International, Inc.'s employees, agents, officers, directors, participates, volunteers, or other affiliates.

I, on behalf of myself, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like, hereby release Love in Action International, Inc. and any of its affiliated organizations from liability for any injury (physical, emotional, or mental) or damage resulting from my participation in *The Source* Residential program; I furthermore release Love in Action International, Inc. any of its affiliated organizations from any and all actions, claims, or demands, that I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like may, at any time, make.

If accepted to *The Source* Residential Program, I will do my best to adhere to the program policies, structures, and rules.

**I have read this agreement and fully understand its contents. I am aware that this is release of liability and a contract between me and Love in Action International, Inc. and/or its affiliated organizations and I sign it of my own free will.**

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

**Did you complete this application yourself?**  Yes  No

**If "No", who helped you?** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



**CONSENT TO RELEASE INFORMATION FORM**

In order for Love in Action International, Inc. to communicate with any person (including a spouse or parent) about your involvement with LIA, a **Consent Form** needs to be completed by you, in its entirety. This form provides LIA your consent and authorization to share information regarding your involvement with this ministry to the people or organizations you specify below. Be sure to complete each section (A, B, C): **DO NOT LEAVE ANY SECTION BLANK!** If you have questions, please contact the Love in Action International, Inc. Business Office **before submitting.**

**A** Pursuant to Federal Guidelines concerning my right to confidentiality, I authorize Love in Action International, Inc. to release information concerning my stay at Love in Action and/or participation in *The Source* 4-Day Intensive to the following people and/or organization:

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**B** I specifically consent to the release of the following types of information concerning my stay at Love in Action and/or participating in *The Source* 4-Day Intensive (e.g. "all information", "general info only", etc.)

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**C** I understand that I may revoke this consent to release information any time. However, I also understand that any release which has been prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when the following date, event, or condition occurs, at which time no expressed revocation shall be needed to terminate my consent.

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**By signing below, I acknowledge that I have read, I understand and I agree to Love in Action International, Inc.'s Consent to Release Information Form.**

**Applicant's Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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