



## Desert Stream Ministries Internship Application

Thank you for requesting a Desert Stream Ministries internship application. In order for you to be considered for an internship please complete the following application form along with the information listed below and return it to us as soon as possible. Thank you!

- Complete the enclosed “Confidential Intake” form
- Please print or type your personal testimony, with an emphasis on your own healing process in regards to your sexuality, concluding with your present vision (thoughts) on how you might implement healing opportunities in your Church community upon your return home. *Include 500 but no more than 1000 words.*
- The recommendation forms (enclosed), Should be completed and returned as soon as possible.
- Include a recent photograph of yourself.

Once we have received the above we will begin to pray, and we shall reply to your application promptly. Please note that you are not accepted until we indicate so.

Thank you and please do not hesitate to contact us for further information.



# DSM INTERNSHIP APPLICATION / INTAKE FORM

*Please fill out the intake with as much detail as possible.  
Your responses will be kept confidential.*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
MOBILE PHONE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
DATE OF BIRTH

SINGLE     ENGAGED     SEPARATED     WIDOWED (how long?) \_\_\_\_\_

MARRIED (how long?) \_\_\_\_\_     DIVORCED (how long?) \_\_\_\_\_

# of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

\_\_\_\_\_  
(Relationship) \_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
MOBILE PHONE NUMBER

- ♦ What is your educational history?       Years of high school education: \_\_\_\_\_  
 Years of college education: \_\_\_\_\_       Degrees completed: \_\_\_\_\_
- ♦ Have you ever been through a Desert Stream Program and/or Training before? If yes, when and where?  
 No     Yes \_\_\_\_\_

- ♦ Are you currently on any medication? If so, for what?       No     Yes

- ♦ Have you ever been hospitalized? If so, when and why?       No     Yes

- ♦ Do you have any nutritional problems? If so, please explain.     No     Yes

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

- ♦ Are, or were, you or either of your parents chemically dependent? If so, please elaborate.     No     Yes

- ♦ 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 \_\_\_\_\_

- ♦ At what age did you have your first homosexual encounter? \_\_\_\_\_  None

- ♦ At what age did you have your first heterosexual encounter? \_\_\_\_\_  None

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

♦ What specific areas of support and/or instruction do you desire?

- Emotional dependency       Gender identity issues       Sexual addiction
- Codependency       Asexuality       Phone sex
- Compulsive masturbation       Sexually unresponsive       Pornography
- Romantic or sexual thought life       Marital discord       Support for pastors
- Dealing with significant: \_\_\_ Homosexual relationships \_\_\_ Heterosexual relationships

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

♦ At what point of your life did you consider yourself a Christian?

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

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

♦ Please explain your goals for participating in an Internship with Desert Stream Ministries

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

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

Name of Church or Group:      From:      To:

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

The following list helps the leaders to understand what sort of spiritual darkness a person may have been exposed to either through their own sin, victimization or close association with others.

Have you or your parents, grandparents, spouse, or any friends been involved in either participating or meditating on ANY of the following? Under the "ME" column, use "C" to indicate your current involvement and "P" to indicate your past involvement. Under the "OTHER" column, follow the same instructions and indicate your relationship to the other person.

<u>PRACTICE</u>	<u>ME</u>	<u>OTHER (relationship)</u>	<u>PRACTICE</u>	<u>ME</u>	<u>OTHER (relationship)</u>
ABORTION:	—	—	LEVITATION:	—	—
ABUSE (physical) – victim:	—	—	MASONS:	—	—
ABUSE (physical) – perp.:	—	—	MEDIUM(S) :	—	—
ABUSE (sexual) – victim:	—	—	MEHER BABA:	—	—
ABUSE (sexual) – perp.:	—	—	METAPHYSICAL HEALINGS:	—	—
ALCOHOL ABUSE:	—	—	MIND READING:	—	—
ASTROLOGY:	—	—	MORMONISM:	—	—
ASTRO PROJECTION:	—	—	NEW AGE:	—	—
ATHEISM:	—	—	NUMEROLOGY:	—	—
AUTOMATIC WRITING:	—	—	OCCULT LITERATURE:	—	—
BAHAISM:	—	—	OUIJA BOARD:	—	—
BESTIALITY:	—	—	PALM READING:	—	—
BHAGWAN SHREE RAJNEESH:	—	—	PARAPSYCHOLOGY:	—	—
BLACK MAGIC:	—	—	PROMISCUITY:	—	—
BLOOD COVENANTS:	—	—	PSYCHIC PHENOMENA:	—	—
BUDDHISM:	—	—	REINCARNATION:	—	—
CARD LAYING:	—	—	ROSICRUCIAN:	—	—
CHANNELING:	—	—	ROY MASTERS:	—	—
CHILDREN OF GOD:	—	—	SADISM / MASOCHISM:	—	—
CHRISTIAN SCIENCE:	—	—	SATANIC RITUAL ABUSE:	—	—
CLAIRVOYANCE:	—	—	SATANISM:	—	—
CRYSTAL BALL:	—	—	SCIENCE OF THE MIND:	—	—
CULTS:	—	—	SCIENTOLOGY:	—	—
CURSES:	—	—	SEANCES:	—	—
EASTERN MYSTICISM:	—	—	SECOND SIGHT:	—	—
ECKANKAR:	—	—	SELF MUTILATION:	—	—
EDGAR CAYCE:	—	—	SHRINERS:	—	—
E.S.P.:	—	—	SILVA MIND CONTROL:	—	—
EST:	—	—	SPIRITISM:	—	—
FORTUNE TELLING:	—	—	TAROT CARDS:	—	—
GODDESS WORSHIP:	—	—	TEA LEAF READING:	—	—
HALLUCINAGINS:	—	—	T. COLE WHITAKER:	—	—
HARE KRISHNA:	—	—	THE WAY INTERNATIONAL:	—	—
HINDUSM:	—	—	TRANSCENDENTAL MEDITATION:	—	—
HOROSCOPES:	—	—	WATER WITCHING:	—	—
HYPNOSIS:	—	—	WHITE MAGIC:	—	—
ISLAM:	—	—	WITCHCRAFT:	—	—
JEAN DIXON:	—	—	UNIFICATION CHURCH:	—	—
JEHOVAH'S WITNESS:	—	—	UNITY:	—	—
CRIMINAL HISTORY:	—	—	YOGA:	—	—
If yes, please explain:			OTHER:		



## Friend's Reference Form

**Applicant:** *Answers to the following questions will help us to know more about you as we consider how appropriate an internship with Desert Stream would be for you. Please choose the friend who would best be able to answer these questions. Forward the following to them along with a self addressed, stamped envelope addressed to Desert Stream Ministries. (Address may be found on the bottom of this form).*

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

I the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission

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

\_\_\_\_\_  
*Date*

The above applicant has applied to attend an internship with Desert Stream Ministries. Desert Stream seeks to equip the Body of Christ to effectively minister healing to the sexually and relationally broken through the healing of individuals and the raising up of ministries in the context of the local Church, based upon the biblical foundation of compassion, integrity and dependence on God.

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. The applicant cannot be considered for admission until all reference forms are received. Your speedy completion of this form would be very much appreciated. Please feel free to use additional paper to answer any of the questions.

*The following is to be completed by friend of the applicant. Please complete this questionnaire and return to DSM in the envelope provided. Your responses will be kept confidential and will not be shared with the applicant:*

*I have known the applicant for \_\_\_\_\_ years.*

*On a scale of 1 to 5, how well do you know the applicant?* \_\_\_\_\_  
(1= very little, 5 = intimately)

Please briefly describe the nature of your relationship to the applicant:

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

*In your association with the applicant what has been the level of commitment you have seen exemplified?*

Faithful     Inconsistent     Other    *Please explain.*

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

**Please check words that describe the applicant. Choose only 5 that really stand out to you:**

- |  |   |                                       |   |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> Teachable     | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Moody        | <input type="checkbox"/> Humorous           |
| <input type="checkbox"/> Tolerant      | <input type="checkbox"/> Perfectionist      | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Easily Embarrassed |
| <input type="checkbox"/> Easily offend | <input type="checkbox"/> Nervous            | <input type="checkbox"/> Fearful      | <input type="checkbox"/> Dependable         |
| <input type="checkbox"/> Committed     | <input type="checkbox"/> Lacking Humor      | <input type="checkbox"/> Domineering  | <input type="checkbox"/> Motivated          |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Prejudiced         | <input type="checkbox"/> Flexible     | <input type="checkbox"/> Patient            |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Critical     | <input type="checkbox"/> Wise               |
| <input type="checkbox"/> Disciplined   | <input type="checkbox"/> Stable             | <input type="checkbox"/> Peaceful     |   |

**In your opinion, in which of the following areas of ministry is the applicant gifted? (Choose all that apply)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Secretarial Work | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Administration  |
| <input type="checkbox"/> Computer Work   | <input type="checkbox"/> Preaching        | <input type="checkbox"/> Evangelism      | <input type="checkbox"/> Discipleship    |
| <input type="checkbox"/> Counseling      | <input type="checkbox"/> Youth Work       | <input type="checkbox"/> Hospitality     | <input type="checkbox"/> Music/Worship   |
| <input type="checkbox"/> Prayer          | <input type="checkbox"/> Pastor/Teacher   | <input type="checkbox"/> Encourager      | <input type="checkbox"/> Servant Hearted |
| <input type="checkbox"/> Church Planting | <input type="checkbox"/> Healing Prayer   |  |  |

**Please check the following and comment where necessary:**

	Excellent	Above Average	Average	Below Average	Poor
Initiative					
Social Adaptability					
Communication skills					
Ability to follow					
Able to Receive Correction					
Self Confidence					
Leadership					
Concern for Others					
Willingness to Serve					
Judgment/Decision Making					
Emotional Stability					
Health					
Personal Appearance					

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**Please check the appropriate response for each characteristic:**

Mental ability:	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Comprehend
Industry:	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
Reliability:	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects Obligations
Teamwork:	<input type="checkbox"/> Works Well With Others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids Group Activity
Flexibility:	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian Character:	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality:	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often Late
Financial Stewardship:	<input type="checkbox"/> Honors Obligation	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

**Comments:** \_\_\_\_\_

**How does the applicant react in trying situations?: (check one)**

- Withdraws    Gets Discouraged    Gets Angry    Meets Constructively    Accepts Patiently  
 Other

**Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?**

- Yes    No   *If yes, please explain:*

Due to the cultural and environmental context of the internship, adjustments may have to be made as to social customs, climate change, living arrangement, etc. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability. **Please check one of the following:**

- Outstandingly mature. Has proven an ability to operate under stress and pressure.  
 More mature and emotionally stable than average  
 Possesses adequate emotional stability and maturity  
 Doubtful. Experience has shown that the applicant might not be able to operate under stress and pressure.

**Is the applicant active in church work?:**    Yes    No    Don't know

**Does the applicant display high moral standards?:**    Yes    No   *If no, please explain:*

**Is the applicant prejudiced against groups, races or nationalities?**    Yes    No   *If yes, please explain:*



*With reference to the applicant's Christian service, do you consider the applicant to be:*

Dedicated    Average    Casual   *Please explain:*

*In your consideration, which of the following would best describe the applicant's Christian experience?*

Mature    Contagious    Genuine and Growing    Over-emotional    Superficial

*Comments:*

*Please comment on the applicant's family background (if known):*

*Please describe, to the best of your knowledge, the applicant's sexual/relational background:*

*Please add any other relevant remarks:*

*Please check any of the following that you feel are motivating the applicant to become a Desert Stream Ministries Intern*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Personal Growth       | <input type="checkbox"/> Christian Service    | <input type="checkbox"/> Adventure                              |
| <input type="checkbox"/> Receive help          | <input type="checkbox"/> Receive Discipleship | <input type="checkbox"/> To Spread the Gospel                   |
| <input type="checkbox"/> Desire to Help others | <input type="checkbox"/> Travel               | <input type="checkbox"/> Get Away From Unpleasant Circumstances |

We see the DSM Internship Program as an equipping and training time unto full-time ministry service. Do you believe the applicant is a likely candidate for full-time ministry service?  Yes  No (please explain:)

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*Would you recommend the applicant for acceptance by Desert Stream Ministries?*

Yes  With some Reservation  No

*Please explain:*

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Your Name
Street Address
City, State, Zip Code
Best Phone Number
Date
Signature

*We appreciate your suggestions concerning this confidential reference form. If you could recommend ways to improve this form, please feel free to do so:*

Please direct all forms to: **Desert Stream Ministries**  
**Atten: Internship Program**  
**706 Main Street**  
**Grandview, MO 64030**



## Pastor's Reference Form

**Applicant:** *Please complete the information below and supply a self addressed, stamped envelope addressed to Desert Stream Ministries. (Address may be found on the bottom of this form).*

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

I the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission

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

\_\_\_\_\_  
*Date*

The above applicant has applied to attend an internship with Desert Stream Ministries. Desert Stream seeks to equip the Body of Christ to effectively minister healing to the sexually and relationally broken through the healing of individuals and the raising up of ministries in the context of the local Church, based upon the biblical foundation of compassion, integrity and dependence on God.

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. The applicant cannot be considered for admission until all reference forms are received. Your speedy completion of this form would be very much appreciated. Please feel free to use additional paper to answer any of the questions.

*I have known the applicant for \_\_\_\_\_ years.*

*On a scale of 1 to 5, how well do you know the applicant? \_\_\_\_\_*  
(1= very little, 5 = intimately)

*In your association with the applicant what has been the level of commitment you have seen exemplified?*

Faithful     Inconsistent     Other    *Please explain.*

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

Please check the appropriate response for each characteristic:

	Superior	Above Average	Average	Below Average	Inferior
<i>Initiative</i>					
<i>Social Adaptability</i>					
<i>Concern for others</i>					
<i>Ability to follow</i>					
<i>Leadership</i>					
<i>Judgment/ Decision making</i>					
<i>Emotional Stability</i>					
<i>Health</i>					
<i>Pers. Appearance</i>					

<i>Mental ability</i>	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Comprehend
<i>Industry</i>	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
<i>Reliability</i>	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects Obligations
<i>Cooperativeness</i>	<input type="checkbox"/> Works Well With Others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids Group Activity
<i>Flexibility</i>	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
<i>Christian Character</i>	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
<i>Disposition</i>	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
<i>Punctuality</i>	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often Late
<i>Financial Stewardship</i>	<input type="checkbox"/> Honors Obligation	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

1. *To what extent is the applicant active in church work?*

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2. *Does he/she display high moral standards?*  Yes  No *(Please explain)*

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3. *Is he/she prejudiced against any groups, races or nationalities?*  No  Yes *(Please explain)*

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4. *With reference to his/her Christian service, do you consider the applicant to be:*

Dedicated  Average  Casual *(Please explain)*

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5. *In your consideration, which of the following would best describe the applicant's Christian experience?*

- Mature    Contagious    Genuine and Growing    Over-emotional    Superficial

*Comments:*

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6. *Overall, what do you consider to be the applicant's strong point? (Include special abilities)*

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7. Please comment on the applicant's family background (if known):

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8. Please comment on the applicant's sexual/relational background (if known):

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9. In your opinion what are the applicant's motives for applying to Desert Stream Ministries?:

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10. What could Desert Stream Ministries do to aid in the applicant's personal development?:

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11. Please add any other relevant marks concerning medical, psychological, drug/alcohol use, sexual/relational or other areas of their life we should know more about to be of service to them.:

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12. We see the DSM Internship Program as an equipping and training time unto full-time ministry service. Do you believe the applicant is a likely candidate for full-time ministry service?  Yes  No (please explain:)

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13. Would you recommend the applicant for acceptance by Desert Stream Ministries?

Yes  With some reservation (please explain)  No (please explain)

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I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to receive further information about Desert Stream Ministries?

Yes  No

*Please direct all forms to:*

**Desert Stream Ministries  
Atten: Internship Program  
706 Main Street  
Grandview, MO 64030**