

# SOZO MINISTRY APPLICATION

Please Print:

Date of Application \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Are you applying for a Sozo as a requirement for being a part of Bethesda Church Ministry? Y / N

If so, which one? \_\_\_\_\_

Have you received ministry from Bethesda Church's Sozo Team in the past? Y / N Appx.date: \_\_\_\_\_

Have you ever received any other kind of inner healing ministry, including Sozo, from another source? Y / N

Appx.date: \_\_\_\_\_ Type of ministry: \_\_\_\_\_ Source: \_\_\_\_\_

Other than a requirement for ministry, why would you like to receive Sozo? \_\_\_\_\_

Have you ever received any type of personal counseling or ministry at Bethesda Church, past or present? Y / N

If yes, whom with? \_\_\_\_\_ Purpose? \_\_\_\_\_ Appx.date: \_\_\_\_\_

Who referred you to Sozo Ministry? \_\_\_\_\_

Do you attend a or home/cell group? Y / N

We recommend that you share with someone you trust what happened during the Sozo so that you will have someone to pray with you and hold you accountable. (This person should not be the person you consider to be your "best friend".)

Will you be able to fast and pray one week before your Sozo? Y / N

*Ask the Lord what He wants you to fast. It can be fasting one meal a day or fasting TV.*

Do you have any questions or concerns you would like addressed before you receive Sozo? \_\_\_\_\_

Please indicate the best day and times available to schedule a three hour slot for your appointment.

**For the value of the time spent ministering to you, there is a suggested donation of \$50.00. You may send the donation when you return this application and the signed Liability Release form to Bethesda Church, Attention: Sozo Ministry, PO Box 1208, Lindale, Texas 75771. As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.**

## OFFICE USE ONLY:

SC \_\_\_\_\_ Min \_\_\_\_\_ OC \_\_\_\_\_ PD \_\_\_\_\_ Cell \_\_\_\_\_

Appointment Date/Time \_\_\_\_\_ / \_\_\_\_\_