

SOZO MINISTRY APPLICATION

Name _____

Date of Application _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # _____ Message phone _____

Email _____

Gender _____ Age _____ Single/Married/Divorced/Other? _____

Church Attending _____

Are you currently seeing a Therapist/Counselor? _____

Have you received a diagnosis? _____ If yes, list here _____

Have you received ministry from a Sozo team in the past? _____

If yes, with whom? _____ Approx date? _____

How did you hear about us? _____

Check any of the following (past or present) that you have dealt with (optional):

Anger Anxiety Chronic illness Depression Grief or loss

Abuse (Emotional, Physical or Sexual) Addictive Behavior Trauma

Other

What is your primary reason for requesting a Sozo appointment? _____

Do you attend a cell group or a home group? _____
If not, we strongly recommend you find one. We recommend you share with someone you trust what happened during the Sozo so that you will have someone to pray with and hold you accountable (this person should not be the one who you consider to be your "best friend.")

Will you be able to fast and pray for one week before your Sozo? _____

Ask the Lord what He wants you to fast. Two possible fasting examples -- one meal a day or watching TV.

Please state your day/time 1st & 2nd preferences, if you have any. _____

There is no "charge" for your appointment. However, for the value of the time spent ministering to you, there is a suggested donation of \$75.00. You may make your donation via PayPal, or bring cash or check to your appointment (make checks payable to Trinity Christian Fellowship.) As soon as your forms are received, we will contact you to schedule an appointment. Thank you.

