

# SOZO MINISTRY APPLICATION

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

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

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

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

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile  Home

Gender: male  female

Age: \_\_\_18 to 29 \_\_\_30 to 39 \_\_\_40 to 49 \_\_\_50 to 59 \_\_\_60 to 69 \_\_\_70+  
*[must be at least 18 yrs of age]*

Church Attending: \_\_\_\_\_

Have you ever received ministry from the Bethel Valparaiso Sozo Team?  Yes  
 No

If yes, approximate date of ministry: \_\_\_\_\_

Any other team?  Yes  No Location? \_\_\_\_\_

Why would you like to receive a Sozo session? \_\_\_\_\_

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Please indicate your preference, if any, of the team members assigned to you:

\_\_\_\_\_ No preference \_\_\_\_\_ Same gender \_\_\_\_\_ Male/female team

Who referred you to the Sozo ministry? \_\_\_\_\_

Are you currently seeing a professional therapist or counselor?  Yes  No

If yes, do they feel this is a good time in your healing process for a sozo session?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure

Do you attend a fellowship group or have other godly relational support?  Yes  
 No

*It is strongly recommended to foster close relationships with godly people who can be a strength and support in your freedom journey. We also recommend sharing with someone you trust (who will understand this process) what happened during your session so you will have someone to pray with you and keep you encouraged.*