

## SOZO MINISTRY APPLICATION

Please Print: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Gender (male/female) \_\_\_\_\_ Church Attending \_\_\_\_\_

Is this Sozo as a requirement for being a part of a Church Ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received any Bethel Sozo ministry in the past? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_ Approx When? \_\_\_\_\_

Are you currently seeing Therapist/Counsellor? Yes \_\_\_\_\_ No \_\_\_\_\_

Please tick if you are DID \_\_\_\_\_ or SRA \_\_\_\_\_

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

Will you be able to set aside time to fast/ seek God prior to your Sozo? Yes \_\_\_\_\_ No \_\_\_\_\_

There is a recommended donation of **\$60** for this service. **Thank you.**

Please send your completed form to [sue@bethelsozoaustralia.com](mailto:sue@bethelsozoaustralia.com) or fax to 07 54956070.

As soon as your paperwork is received, we will contact you to schedule an appointment.

I will be available for ministry on (dates and times)

\_\_\_\_\_

**OFFICE USE ONLY:**

APPOINTMENT DATE/TIME:

\_\_\_\_\_

Team Leader \_\_\_\_\_ Others \_\_\_\_\_