

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. For SKYPE sozo's please organize donation prior to your session - Account Name Sozo Australia BSB 064 467 Acct No 10673150

Please send your completed form to sue@bethelsozoaustralia.com

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 _____