

SOZO MINISTRY APPLICATION

Please Print:

Date of Application _____

Name: _____ e-mail _____

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 a Summit Church Ministry? Y / N

If so, which one? _____

Have you received ministry from Summit'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 Summit Church, past or present? Y / N

If yes, whom with? _____ Purpose? _____ Appx.date: _____

Who referred you to Sozo Ministry? _____

Are you under a doctor's care or on medication? Y / N Reason: _____

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

If not, we strongly recommend you find one. 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. For instance, you can fast one meal a day or watching TV.

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

Please indicate your preferred ministry time. Appointments may last up to 3 hours.

For the value of the time spent ministering to you, there is a suggested donation of \$75.00. You may send the donation when you return this application and the signed Liability Release form to Summit Church, Attention: Transformation Center/Sozo Ministry, 207 Security Court, Wylie, Texas 75098. As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.

OFFICE USE ONLY:

Cash _____ Credit _____ Check _____ Check # _____ Split _____

Appointment Date/Time _____ / _____ Facilitator _____

LIABILITY RELEASE FOR SUMMIT CHURCH SOZO MINISTRIES

Summit Church
207 Security Court
Wylie, Texas 75098

I (name) _____ acknowledge that team members from Sozo Ministries of Summit Church have voluntarily agreed to pray for me. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.

I understand that Summit Church is a nonprofit corporation that makes no charge for its services. I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept any of the advice or help that I might receive from the team members of this ministry.

I understand that if I receive ministry from Sozo Ministries of Summit Church, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of Sozo Ministries of Summit Church so as to further your total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your personal and spiritual growth.

I also understand that Summit Sozo Ministry is a mandatory reporting agency and that any allegations of physical or sexual abuse of a child will be reported to the appropriate authorities.

I agree to hold Summit Church and its team members free from any and all liability, loss or damage of any kind that may arise as a result of assistance which I have received or from my involvement with Summit Church.

Our team members offer biblical spiritual services to anyone who desires them regardless of ability to pay. Although there is no charge for our services, all efforts to build this ministry, support and train our team members are paid directly from the donations of those receiving these service. We therefore have a suggested donation of \$75.00 or more per visit. Your contributions to this ministry are greatly appreciated because they support our further development. Please make donations payable to Summit Church. If you would like a tax deductible receipt, we will provide you with one in the mail upon request. Thank you!

I have read this disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.

Signature

Date