

SOZO MINISTRY APPLICATION

Date of Application:		Date of Sozo:		Time of Sozo:	
Name:			Email:		
Mailing Address:					
City:				Postal Code:	
Home Phone:			Cell Phone:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Age:		Marital Status:	
Type of Sozo:		Healing		Financial	
Name of Pastor:			Pastor's Contact No:		
Have you received ministry from Journey of grace the past?					
Approximate date of ministry					
Are you currently or have you in the past, been ministered to by any other ministry; pastor, professional counsellor / therapist?					
If yes, with whom?				Last Date of Ministry	
Why would you like a Personal or Financial Sozo?					
If you require a FINANCIAL SOZO, Describe your financial situation/ blockage:					
Are you taking any prescription medicine at present?					
If yes, please specify your Doctor's diagnosis / reason:					
Please tick those items which currently applies to you:					
<input type="checkbox"/> Anxiety <input type="checkbox"/> Criminal Record <input type="checkbox"/> Physically Abused <input type="checkbox"/> Sexual Promiscuity <input type="checkbox"/> Appetite increase / Decrease <input type="checkbox"/> Headache <input type="checkbox"/> Addictive Behaviour <input type="checkbox"/> Physically Abusive <input type="checkbox"/> Suicidal		<input type="checkbox"/> Outbursts of Anger <input type="checkbox"/> Depression <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Sexually Abused <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Hearing Voices <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Sexually Abusive		<input type="checkbox"/> Recent Loss <input type="checkbox"/> Involvement in the Occult <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Violent <input type="checkbox"/> Other:	
Who referred you to the Sozo Ministry?					
Do you attend a cell or home group?		<input type="checkbox"/> Yes <input type="checkbox"/> No		(Do not hesitate to ask for assistance to find one)	
We recommend the that you share with someone (that you trust), what happened during the Sozo, so that you will have someone to pray with & hold you accountable (this person should not be your best friend)					
Will you be able to fast or pray one week before your Sozo?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ask The Lord, what He wants you to fast. It can be fasting one meal a day or fasting watching TV. Do not fast on the day of your sessions. You need to be alert and refreshed (not distracted by hunger or feelings of weakness).					

For the value of the time ministering to you, there is a suggested donation of R250-00. You may pay the donation on the day of your Sozo or before it either by cash or EFT. Please return this application and the signed Liability Release Form to Journey of Grace via email: sozo@journeyofgrace.us

If you wish to pay the donation by EFT, please see the banking details below and send us the proof of payment.

Bank:	Branch:	Branch Code:	Account No:	Reference
Standard Bank	Tyger Manor	050410	071094547	Sozo YourName

Thank you

Blessings
The Sozo Team

✉ sozo@journeyofgrace.us
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