**SOZO DC MINISTRY APPLICATION**

**Please click on the boxes to type or check off your answers. You can save this document electronically and e-mail to** **info@sozodc.com** **.**

**Date of Application**:

**First Name**:       **Last Name**:

**Mailing Address**:

**City**:       **State**:       **Zip** Code:       **Cell Phone**:

**E-mail**:       **Gender (male/female)**:       **Age**:

**Church Attending**:

Why would you like to receive Sozo ministry?

Are you under the care of a psychiatrist, psychologist, or licensed counselor?

We have men and women available for our ministry teams. Would you object to having a member of the opposite sex on the team ministering to you? [ ]  Yes [ ] No

Will you be able to fast or pray one week before your Sozo? [ ]  Yes [ ]  No (*Ask the Lord*

*Lord what He wants you to fast. It can be fasting one meal a day or fasting watching TV, etc.)*

For the value of the time spent ministering to you, there is a suggested donation of $50.00 ($75 if we travel to your location). You may send a donation when you return the Application and Release form, you may donate online at www.sozodc.com, or you may give at the time of your session.

Documents (or an image of each document) may be e-mailed to: info@sozodc.com.

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

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OFFICE USE ONLY:

APPLICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APTT DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_