



**SOZO MINISTRY APPLICATION**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender:  Male  Female Age \_\_\_\_\_ Church attending \_\_\_\_\_

---

Why would you like to receive a Sozo? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently receiving or have you in the past received ministry from any other ministry of Well of Life Church? \_\_\_\_\_ If yes, with whom? \_\_\_\_\_

If yes, please give last date of ministry. \_\_\_\_\_

---

Who referred you to the Sozo ministry? \_\_\_\_\_

We recommend that you share with someone you trust what happened during the Sozo so that you will have someone to pray with and hold you accountable (this person should not be one you consider to be your "best friend.")

Will you be able to fast and pray one week before your Sozo? \_\_\_\_\_

Ask the Lord what He wants you to fast. It can be fasting one meal a day or fasting watching TV.

---

For the value of the time spent ministering to you, there is a suggested donation of \$50.00. You may send the donation when you return this application and the signed Liability Release form to Well of Life Church, Attention Sozo Ministry, P. O. Box 663, Mineral Wells, TX 76068. You can also drop the paperwork by the church office before noon on Monday through Friday. Once the paperwork is received, we will contact you to schedule an appointment. Thank you.

---

<i>OFFICE USE ONLY</i>		
Cash _____	Check _____	Check # _____
APPOINTMENT DATE and TIME _____		MINISTER _____



## LIABILITY RELEASE FOR WELL OF LIFE CHURCH MINISTRIES

I (name) \_\_\_\_\_ acknowledge that team members from Well of Life 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 Well of Life Church is a Texas 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 or reject any of the advice or help that I might receive from the team members of this ministry.

I understand that team members offer biblical spiritual services to anyone who desires them, regardless of ability to pay. Although there is no charge for the services, all efforts to build this ministry, support, and train team members are paid directly from the donations of those receiving these services. Therefore, all contributions to this ministry are greatly appreciated. Any donation above \$50.00, which would cover the basic cost of the services, is tax deductible. Tax receipts are available upon request.

I understand that if I receive ministry from Well of Life 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 Well of Life Church so as to further my total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for my personal and spiritual growth. I understand that Well of Life Church mandatorily reports child and elder abuse to the proper authorities.

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

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