

# NEW LIFE SOZO MINISTRY APPLICATION

Please Print

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

Name \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Gender (male/female) \_\_\_\_\_ Age \_\_\_\_\_

Church Attending (if any) \_\_\_\_\_

Are you currently applying for a Sozo as a requirement for being a part of a Church Ministry? If so, which one?  
\_\_\_\_\_

Have you received ministry from a Sozo Team in the past? \_\_\_\_\_ Approx. date of ministry? \_\_\_\_\_

Other than a requirement for ministry, why would you like to receive a Sozo? \_\_\_\_\_  
\_\_\_\_\_

Are you presently or have you in the past, been ministered to by any other inner-healing or deliverance ministry of a Church? \_\_\_\_\_ If yes, whom with? \_\_\_\_\_ Last date of ministry \_\_\_\_\_

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

Do you attend a cell group or a home group? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 and hold you accountable (this person should not be who you consider your "best friend").

Will you be able to fast or pray one week before your Sozo? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ask the Lord what He wants you to fast. Your fast can be as simple as 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, payable to New Life Christian Center, when you return this application and the signed Liability Release form to New Life Christian Center, Attn: Sozo Ministry, 16575 SE Webster Rd., Milwaukie, OR 97267. As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.**

