

Sozo Ministry Application

Date of application: _____

Name _____

Email address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Message Phone _____

Gender(male/female) _____ Age _____

Church Attending _____

Are you currently applying for a Sozo as a requirement for being a part of a ministry? If so, which one? _____

Have you received ministry from a Sozo team in the past? _____

Approx. date of ministry? _____

Other than as 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 ministry? _____

If yes, with whom? _____ 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").

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 Transformation Ministries of Columbia, Missouri, Attn: Sozo Ministry, P.O. Box 30804, Columbia, MO 65205. As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.

Office Use Only:	
Cash _____	Check _____ Check# _____ Other (please explain) _____

Appointment date/time _____	Team leader _____