

BETHEL SOZO MINISTRY APPLICATION FORM

Date of application: _____ Name: _____

Address: _____

Postcode: _____

Phone (home or mobile): _____ email: _____

Church attending: _____

Why would you like to receive a Sozo? _____

Who referred you to Bethel Sozo Ministry? _____

If you are new to this ministry we suggest you check out www.bethelsozo.org.uk before sending us your application.

Is this your 1st Sozo ministry? Yes ____ No ____

If no, where did your last ministry take place _____

Do you attend a cell group or home group? Yes ____ No ____

If not we strongly recommend you find one. We recommend that you share what happens during your Sozo session with someone you trust, so that you have someone to pray with and hold you accountable (this person should not be your 'best friend').

Bethel Sozo is a two-person ministry, with one person leading and a 'Second' praying and keeping a note of what God says. Occasionally a 'Third' will be present to observe only, for training purposes. On occasion there may be a member of the opposite sex leading the session, please let us know if this causes you any problems.

Are you on any medication, or are there any potentially complicating issues you feel it would help us to know about? Yes _____ No _____

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

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

Please circle days you could be available for your Sozo. Mon Tues Wed Thur Fri

Please note that we do not offer evening Sozos or Saturdays at present.

Please note that there is a suggested donation of £40 attached to this ministry. Please contact us in advance if payment is a problem, otherwise please ensure payment is included with this application or that you pay on-line, details on the next page.

Please note that you should allow up to 1½ hours for your ministry, which includes time at the end for feedback. For details of where to park see www.bathcitychurch.org.uk

Please return this application plus payment and signed liability release form to:

Bethel Sozo Ministry, 1 Chancery Lane, Warminster, BA12 9JS.

Cheques should be made payable to Bethel Sozo South West. Or you can pay by bank transfer to: Bethel Sozo South West – sort code 40-45-23 – account number 41452592

Note: The Sozo Ministry used is modelled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding, CA96003, USA, (www.ibethel.org)

Liability Release Form for Bethel Sozo Ministry

I (name) _____ do hereby release the Bath City Church (BCC) Bethel Sozo Ministry Team and its volunteers from any liability, for any harm or perceived harm resulting from my voluntarily receiving free prayer on this and subsequent visits.

I understand that the BCC Bethel Sozo Ministry is staffed by volunteers. They are not professionals of counseling therapy or medical services. I undertake that if I am currently taking medication, or operating under the advice of a professional service, I will allow my medical doctor, therapist or counselor, etc to confirm any results of prayer received before altering any prescribed course of medication or action.

I further state that I have voluntarily sought assistance at 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 these team members are to the best of their ability, doing what they can to help me achieve more freedom in my life.

I agree to release Bethel Sozo and the BCC Bethel Sozo Ministry from any and all liability, loss or damage of any kind that may arise as a result of assistance that I have received or from my involvement with it.

I understand that the people who will see my information will be BCC Bethel Sozo Leadership only. However in certain circumstances the BCC Bethel Sozo Ministry is legally bound to pass on information to the relevant authorities if a person is at risk, or certain criminal acts are disclosed. For instance, the Children's Act 1989 obliges any confidential disclosures in respect of current child abuse to be reported to the Social Services Department.

I have read this disclaimer and release of liability form, and understand and agree with it as my free and voluntary act.

Signature _____

Date _____

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