BETHEL SOZO for COUPLES' MINISTRY APPLICATION

Date of application: Names:	
Address:	
Postcode:	
Phone (home or mobile):e-mail:	
Church attending:	
Why would you both like to receive a Sozo for Couples?	
Who referred you to Bethel Sozo Ministry?	
If you are new to this ministry we suggest you check out www.bethelsozo.org.uk and www.sozoforcouples.org before sending us your application.	
Is this your first Sozo for Couples' ministry? Yes No If "No" where did you take place?	r last ministry
We ask all couples to have a recent individual Bethel Sozo before Sozo for Couples. Have you both had a Bethel Sozo within the last six months? Yes No If not, would you like to book in for one with this team? Yes No	
Do you attend a life/cell or home group? Yes No If not, we recommend y	ou join one.
We suggest that you find an accountability couple with whom to share your Sozo for Co experience and help you walk out your Godly truths.	uples
Sozo for Couples is a two-person ministry with one person leading and a 'Second' prayir a note of what God says to you both. Occasionally a 'Third' will be present for training processing the contraction of the contraction	
Are either of you on any medication, or are there any potentially complicating issues you help us to know about? Yes No	ı feel it would
Please circle days you could be available for your ministry. Tues Wed Fri. If you we will try to accommodate you at a time to suit, but in general we don't offer evenings of the suit.	·
Please note that there is a suggested donation of £60 attached to this ministry. <u>Please coradvance if payment is a problem</u> via email <u>bethelsozosouthwest@gmail.com</u> otherwise payment is included with this application or that you pay on-line,	
Bethel Sozo South West – sort code 40-45-23 – account number 41452592	

NB. You should allow up to 2 hours for your ministry, which includes time at the end for feedback.

For details of where to park see www.lifechurchbath.com

LIABILITY RELEASE FORM

Life Church Bath

We (name)	do hereby release Life Church Bath	
(LCB) its Sozo team and volunteers from a	ny liability, for any harm or perceived harm resulting from	
my voluntarily receiving of free prayer on this and subsequent visits. We understand that the LCB		
Sozo team is staffed by volunteers. They are not trained or licensed professionals of counselling,		
therapy or medical services. We undertake that if we are currently taking medication, or operating		
under advice of a professional service, we will allow my medical doctor, therapist, counsellor etc. to		
confirm any results of prayer received before	re altering any prescribed course of medication or action.	
We further state that we have voluntarily sought assistance at our own initiative and that we are under no obligation to accept or reject any of the advice or help that we might receive from the team members of this ministry. We understand that these team members are, to the best of their ability, doing what they can to help us achieve more freedom in our marriage.		
We also agree to hold the LCB Sozo team free from any and all liability, loss or damage of any kind that may arise as a result of assistance that we have received or from my involvement with Kingdom ministry.		
We understand that the people who will see my information will be LCB Sozo team leadership only. However, in certain circumstances they are 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 Act 2004 requires any confidential disclosures in respect of child abuse to be reported to the Social Services Department.		
We have read this disclaimer and release of liability form and understand and agree with it and have executed it as our free and voluntary act.		
Signature	Date	
Signature	Date	

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:

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