

SOZO Ministry Application for Christ's Center Church

Please print:

Date of Application ____/____/____

Name _____ o Male o Female Age: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-mail _____

Marital Status: Married Divorced Single Church Attending _____

Are you currently applying for a SOZO as a requirement for being a part of a ministry in your church? If so, which one:

Have you received ministry from a SOZO Team in the past?

yes no Approx. date ____/____/____ Where? _____

Other than a requirement for ministry, why would you like to receive a SOZO _____

Have you received counseling through your church or a licensed counselor? yes no

If yes, with whom? _____ Last date of ministry _____

Who referred you to the SOZO Ministry? _____

Do you attend a home group? yes no

If yes, at Christ's Center, who is your group leader? _____

Do you have a leadership role in your church? yes no. If yes, please describe: _____

Will you be able to fast a day or two before your SOZO? yes no (Ask the Lord what He wants you to fast: It can be fasting a meal a day, certain foods, or not watching TV, etc.)

For the value of the time spent ministering to you, there is a suggested donation of \$40.00. You may send the donation when you return this SOZO Ministry Application and the signed Liability Release form to the address listed below. As soon as your application is received, we will contact you to schedule an appointment.

Thank you. Send to: Christ's Center Church 530 W 7th Ave Junction City, OR 97448

Or FAX to: (541) 998-2085

OFFICIAL USE ONLY:

Date Received: _____ Appointment Date & Time _____

I, (name)_____ acknowledge that team members from the SOZO Ministry of Christ's Center 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 Christ's Center Church is a nonprofit Oregon Corporation that makes no charge for its services (*Donation). 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 if I receive ministry from the CCC SOZO Ministry, 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 the SOZO Ministry 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 agree to hold Christ's Center Church and its SOZO team members and pastors free from any and all liability, loss, or damage of any kind that may arise as a result of assistance which I have received or from my involvement with Christ's Center Church.

I have read this disclaimer and Liability Release form and fully understand and agree with it and have executed it as my free and voluntary act.

Signature

Date

Signature of parent/guardian if under 18

Date

*DONATION: Our team members offer biblical spiritual ministry to anyone regardless of their ability to donate. Although, there is no charge for our services, all efforts to train our team members and build this ministry are made possible from the donations of those receiving these services. Therefore, we suggest a donation of \$40 or more per visit. Please make donations payable to Christ's Center Church. If you would like a tax deductible receipt, we will provide you with one in the mail upon request. Thank you!