

Bethel Sozo, Birmingham - Application Form

Please Print: Date of Application _____

Name _____

Address _____

City _____ County _____ Post Code _____

Home Phone _____ Mobile Phone _____

Email Address (Please PRINT) _____

Gender (male/female) _____ Age _____

Church Attending _____

Are you a leader, and if so, please define _____

Are you currently applying for a Sozo as a requirement for being a part of your Church Ministry?

If so, which ministry area? _____

Have you received ministry from a Bethel's Sozo Team (US or UK) in the past? yes/no _____

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 ministry of Haven 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 be someone you trust, but not necessarily 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. It can be fasting one meal a day or fasting watching TV, for example.

There is a suggested donation of £35.00 as there are some costs involved in facilitating this ministry, however if funds are a problem, please let us know.

You may send the donation when you return this application and the signed Liability Release form to: Haven Church, Attention: Bethel Sozo Birmingham, 146 Priory Road, Hall Green, Birmingham UK B28 0TB (cheques payable to Haven Church)

As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.

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