BETHEL SOZO MINISTRY APPLICATION

	Date of application: Name:	
	Address:	
	Postcode:	
	Phone (home or mobile): e-mail:	
	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.	
ls th	is your first Sozo ministry? Yes No Where did your last ministry take place?	
Do y	you attend a life/cell or home group? Yes No If not, we recommend you join one.	
	suggest that you find an accountability partner with whom to share your Sozo experience and help walk out your Godly truths.	
You	r session may be led by a member of the opposite sex, please let us know if this is a problem.	
	you on any medication, or are there any potentially complicating issues you feel it would help us to w about? Yes No	
Will	you be able to fast or pray for a time before your Sozo? Yes No	
Ask	the Lord what he wants you to fast. For example, it can be one meal a day or fasting watching TV.	
Plea	se circle which day suits best to attend at Life Church Bath: Mon Wed Fri	
Or S	Sozo via Skype or Zoom – Mon to Sat	
Please note that there is a suggested donation of £40 attached to this ministry. Please contact us in advance if payment is a problem, via email on bethelsozosouthwest@gmail.com otherwise please ensure 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 two 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 for Bethel Sozo Ministry

I (name)	do hereby release the Bethel Sozo
Ministry Team and its volunteers from any liab	ility, for any harm or perceived harm resulting Life
Church Bath (LCB) from my voluntarily receivin	g free prayer on this and subsequent visits.
I understand that the LCB 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 a	any results of prayer received before altering any
prescribed course of medication or action.	
I further state that I have voluntarily sought as	sistance at my own initiative and that I am under
no obligation to accept or reject any of the adv	rice or help that I might receive from the team
members of this ministry. I understand that the	ese 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 LCB Beth	nel Sozo Ministry from any and all liability, loss or
damage of any kind that may arise as a result o	of assistance that I have received or from my
involvement with it.	
I understand that the people who will see my i	nformation will be LCB Bethel Sozo Leadership
only. However in certain circumstances the LCI	B Bethel Sozo Ministry is legally bound to pass on
information to the relevant authorities if a pers	son is at risk, or certain criminal acts are disclosed.
For instance, the Children's Act 1989 obliges ar	ny confidential disclosures in respect of current
child abuse to be reported to the Social Service	es Department.
I have read this disclaimer and release of liabili	ty form, and understand and agree with it as my
free and voluntary act.	
Signature	Date
Please return this application plus payment an	d 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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Note: The Sozo Ministry used is modelled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding, CA96003, USA, (www.ibethel.org)