

# WORD FELLOWSHIP CHURCH TRANSFORMATION MINISTRIES SOZO APPLICATION

Name \_\_\_\_\_

Date of application \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Gender (male/female) \_\_\_\_\_ Age \_\_\_\_\_

Church attending \_\_\_\_\_

Are you currently applying for a Sozo as a requirement for being a part of a *Word Fellowship* Ministry?

If so, which one? \_\_\_\_\_

Have you received ministry before from *Word Fellowship* Sozo Team? Approx. date: \_\_\_\_\_

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 counseling or discipleship ministry of *Word Fellowship Church*? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_ Last date of ministry: \_\_\_\_\_

Who referred you to the *Word Fellowship* Sozo ministry? \_\_\_\_\_

Are you currently attending a small group at *Word Fellowship*? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which one? \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Thurs \_\_\_\_\_ Fri

If from another church, do you attend a small group? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, we strongly recommend you find one. We recommend that you share with someone you trust what happened during Sozo so that you will have someone to pray with and hold you accountable. (This person should not be one whom you consider 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, etc.

For the value of time spent ministering to you, there is a suggested donation of \$35. You may send the donation when you return this application and the signed Liability Release Form to *Word Fellowship Church*, Attention: Transformation Ministries, 10 W Laurel Rd, Stratford, NJ 08084. After your paperwork is received, we will contact you to schedule an appointment. *Thank you!*

OFFICE USE ONLY: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

APPOINTMENT DATE/TIME \_\_\_\_\_ Counselor \_\_\_\_\_

## **LIABILITY RELEASE FOR *WORD FELLOWSHIP CHURCH TRANSFORMATION MINISTRIES***

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I (name) \_\_\_\_\_ acknowledge that team members from *Transformation Ministries of Word Fellowship Church* have voluntarily agreed to advise, instruct and 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 Word Fellowship Church is a nonprofit New Jersey corporation that makes no charge for its services. 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 team members offer Biblical, spiritual services to anyone who desires them.

I understand that if I desire to use *Word Fellowship Church Transformation Ministries*, I voluntarily agree to donate the following amount per session:

- SOZO: \$35/session
- Counseling: \$30/session
- Discipleship: \$10/session

All donations are used to help expand the Kingdom of God through furthering the vision and ministries of Word Fellowship Church.

I understand that if I receive ministry from *Transformation Ministries*, 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 *Transformation Ministries* 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 understand that *Word Fellowship Church* mandatorily reports child and elder abuse to the proper authorities.

I agree to hold *Word Fellowship Church* and its team members 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 *Word Fellowship Church*.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_