

WORD LIFE CENTER 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 Life Center* Ministry?

If so, which one? _____

Have you received prior ministry through *WLC Transformation Ministries*? If so, 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 Life Center*? _____ Yes _____ No

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

Who referred you to the *Word Life Center* Transformation Ministries? _____

Are you currently attending a Growth Group at *Word Life Center*? _____ Yes _____ No

If yes, which one? _____ Mon _____ Tues _____ Thurs _____ Fri

If from another church, do you attend a Small Group/Growth 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, there is a suggested donation of \$35. Please make checks payable to *Word Life Center*. Donations may be sent , along with this application and the signed Liability Release Form, to *Word Life Center*, 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 LIFE CENTER TRANSFORMATION MINISTRIES*

I (name) _____ acknowledge that team members from *Transformation Ministries of Word Life Center* 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 Life Center* 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.

Suggested donations for sessions offered by the *Transformation Ministries* Team are as follows:

- 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 Life Center*.

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 Life Center* mandatorily reports child and elder abuse to the proper authorities.

I agree to hold *Word Life Center* 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 Life Center*.

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** _____