

Request for Sozo Encounter Ministry

Please complete this application as the first step to obtaining an appointment for Sozo Ministry.

After completing the contact information, you will be asked to sign a release of liability form on the back of this application. Ministry appointments cannot be granted to anyone who refuses to sign this form.

Your information will be kept confidential. A copy of your application will be given to the leader of the Sozo team you are assigned to. This is for purposes of prayer and preparation of the ministry team.

The Sozo Encounter ministry does not provide home visitation, family or personal intervention or crisis ministry. This ministry depends upon trained and equipped volunteers and will strive to coordinate appointments around their availability. You will be asked to indicate the best times of the day and week that you are available for ministry. We will do our best to serve you accordingly.

Failure to keep an assigned appointment will result in loss of priority in scheduling a new appointment. If for any reason you will not be able to keep your appointment, you must make every effort to call 307-634-4657 or email destinychurchteri@yahoo.com PRIOR to your appointment to let us know you must cancel and reschedule.

NAME: _____ GENDER: M ___ F ___ DATE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

Email: _____ Home/Day Phone: _____

Personal Cell: _____ Other phone: _____

My need for ministry concerns: Deliverance Physical Healing Emotional Issues
Inner Healing Other (Please explain) _____

Are you currently taking anti-anxiety medication? Yes No

Are you currently grieving the loss of a significant relationship or job? Yes No

Date and location where you accepted Jesus as Savior _____

Were you water baptized AFTER accepting Jesus? Yes No

Have you been baptized in the Holy Spirit? Yes No Not Sure

I am attending _____ as my church home.

Please note the day of the week and time of day you are available for ministry:

RELEASE OF LIABILITY

This form must be signed prior to being assigned any ministry appointment.

I, the undersigned, do hereby release Destiny Church and any of its staff, leaders and volunteers, from any harm or perceived harm resulting from my voluntary receiving of free prayer on this and subsequent visits. I understand that this pastoral care ministry is provided by a staff of volunteers representing the body of Jesus Christ. They are not trained or licensed medical professionals, or psychological counselors, or therapists, and they do not provide medical or psychological services. I acknowledge that I need to seek advice from my medical doctor, therapist, counselor or other professionals to confirm any results of prayer received before altering any prescribed course of action. I understand that this form and all data recorded on it is the sole property of Destiny Church. All content will be held in confidence for the sole purpose of the ministry unless I have given permission for such things to be shared.

Signed _____

Date _____

(If you are under the age of 18, this form must be signed by a parent or guardian.)

Parent or Legal Guardian

Name: _____

Signature of Parent or Legal Guardian:

Witness: _____

Date: _____