



SOZO Application

Please PRINT LEGIBLY

Today's Date _____

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Gender (male/female) _____ Age _____

Church you currently attend _____

Have you received ministry from Healing Grace Ministry's SOZO team in the past? _____

If yes, approximate date of ministry _____

Have you previously been ministered to by any other ministry at Healing Grace? _____

If yes, by whom? _____ Approximate date _____

Outside of SOZO, have you received inner healing ministry previously? _____

If yes, please explain _____

How were you referred to SOZO ministry? _____

What is the best time and method for a team member to contact you to schedule a session? _____

SOZO sessions are offered free of charge and our SOZO team members offer their time on a volunteer basis. We ask you to prayerfully consider making a donation to SOZO ministry; not as "payment for services rendered", but as a "pay-it-forward" to see others blessed as well. Donations can be made in person when you come for your session or mailed with this completed application and a signed Liability Release form to:

Healing Grace Ministries
Attention: SOZO Ministry
55 Marlboro Rd
Brattleboro, VT 05301

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

Please tell us a little about your family by sharing the nature & history of your relationship with each of the following:

Parents: _____

Sibling(s): _____

Spouse(s): _____

Child(ren): _____

Other significant relationships (past or present):

Why do you desire a Sozo session? What do you hope to accomplish?
