

SOZO MINISTRY PACKET

Please fill out and bring with you to your appointment

SOZO MINISTRY LIABILITY RELEASE FORM

I (name) _____ acknowledge that team members from SOZO ministries of Encounter Church have voluntarily agreed to 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 Encounter Church is a non-profit organization that makes no charge for its services. I further state that I have voluntarily sought assistance of my own 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.

At this time there is no charge for this service of biblical, spiritual services to anyone who desires them, regardless of ability to pay. Although there is no charge for this service, all efforts to build this ministry support and help train the team members and are paid directly from the donations of those receiving these services.

Donations are requested, but services will not be withheld due to ones inability to pay.

I understand that if I receive ministry from the SOZO team, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders as to further your total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your personal and spiritual growth. I understand that the team and or the church will mandatorily report child abuse to the proper authorities.

I agree not to hold the team, Encounter Church, or any church involved 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 them.

I have read this liability release and understand, agree and have executed it as a free and voluntary act.

Signature

Date

SOZO MINISTRY APPLICATION
PLEASE PRINT AND FILL OUT PRIOR TO YOUR APPOINTMENT

Name _____

Date _____

Mailing Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Gender

MALE

FEMALE

AGE _____

Have you received SOZO ministry in the past?

Who referred you to the SOZO ministry?

When? _____

YES

NO

Why would you like to receive a SOZO? (You may use the back if needed)

Do you faithfully attend church?

Home Church _____

YES

NO

If not, we strongly recommend you do. We recommend that you share with someone you trust what happened during the SOZO session so that you will have someone to pray with and hold you accountable.

Will you be able to fast/pray one week before your session?

YES

NO

For the value of the time spent ministering to you, there is a suggested donation of \$20.00. You may send the donation when you return this application with the signed liability release form to Encounter Church, Attention: SOZO Ministry, 5300 Twin City Hwy, Groves, TX 77619. As soon as your paperwork is received and processed, we will contact you to schedule an appointment.

THANK YOU

OFFICE USE ONLY

APPOINTMENT DATE/TIME _____ **TEAM** _____

DONATION RECEIVED _____ **CASH** _____ **CHECK** _____ **#** _____

SOZO MINISTRY REVIEW QUESTIONNAIRE

PLEASE COMPLETE AND RETURN AT THE CONCLUSION OF YOUR SESSION

Name

Date

Team 1st

Team 2nd

Team 3rd

How would you rate your SOZO experience?

Wonderful

Okay

Interesting

Traumatic

Were there any issues that concerned you about your SOZO?

Did you experience a personal breakthrough during or after the SOZO?

Choice 1

Choice 2

How would you describe the fruit of this ministry time?

Kind in their interactions with you?

Yes

No

Does not apply

Safe to disclose personal hurts, shame or struggles with?

Yes

No

Does not apply

Knowledgeable about the SOZO process?

Yes

No

Does not apply

Would you recommend a SOZO experience to others?

Highly recommend

would suggest changes before recommending *

Not at all

Unsure

Any comments / suggestions?