

# Financial Sozo Application Form

Date of application: \_\_\_\_\_ Name/s (if a couple) \_\_\_\_\_:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (home or mobile): \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Why would you like to receive a Financial Sozo? \_\_\_\_\_

\_\_\_\_\_

Who referred you to Bethel Sozo Ministry? \_\_\_\_\_

If you are new to this ministry we suggest you check out [www.bethelsozo.org.uk](http://www.bethelsozo.org.uk) and [www.financialsozo.org.uk](http://www.financialsozo.org.uk) before sending us your application.

Is this your 1<sup>st</sup> Sozo ministry? Yes \_\_\_\_ No \_\_\_\_ Where did Your last ministry take place?

Do you attend a life/cell or home group? Yes \_\_\_\_ No \_\_\_\_ If not, we recommend you join one.

We suggest that you find an accountability partner with whom to share your Sozo experience and help you walk out your Godly truths.

Bethel Sozo is a two-person ministry with one person leading and a 'Second' praying and keeping a note of what God says to you. Occasionally a 'Third' will be present for training purposes. Also on occasion there may be a member of the opposite sex leading the session, please let us know if this causes you a problem.

Are you on any medication, or are there any potentially complicating issues you feel it would help us to know about? Yes \_\_\_\_ No \_\_\_\_

Will you be able to fast or pray for a time before your Financial Sozo? Yes \_\_\_\_ No \_\_\_\_

Ask the Lord what he wants you to fast. For example, it can be one meal a day or fasting watching TV.

We do most Financial Sozos by Skype or Zoom. Would you prefer to have a "Live" session at Life Church Bath?

If you work full time we will try to accommodate you at a time to suit, but in general we don't offer evenings or weekends.

Please note that there is a suggested donation of **£40** attached to this ministry. *Please contact us in advance if payment is a problem*, by email on [bethelsozosouthwest@gmail.com](mailto:bethelsozosouthwest@gmail.com) otherwise please ensure payment is included with this application or that you pay on-line,

**Bethel Sozo South West – sort code 40-45-23 – account number 41452592**

NB. You should allow up to two hours for your ministry, which includes time at the end for feedback. For details of where to park at LCB see [www.lifechurchbath.com](http://www.lifechurchbath.com)

## Liability Release Form for Bethel Sozo Ministry

I (name) \_\_\_\_\_ do hereby release the Life Church Bath Bethel Sozo Ministry Team and its volunteers from any liability, for any harm or perceived harm resulting from my voluntarily receiving free prayer on this and subsequent visits.

I understand that the LCB Bethel Sozo Ministry is staffed by volunteers. They are not professionals of counseling therapy or medical services. I undertake that if I am currently taking medication, or operating under the advice of a professional service, I will allow my medical doctor, therapist or counselor, etc to confirm any results of prayer received before altering any prescribed course of medication or action.

I further state that I have voluntarily sought assistance at 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 these team members are to the best of their ability, doing what they can to help me achieve more freedom in my life.

I agree to release Bethel Sozo and the LCB Bethel Sozo Ministry from any and all liability, loss or damage of any kind that may arise as a result of assistance that I have received or from my involvement with it.

I understand that the people who will see my information will be LCB Bethel Sozo Leadership only. However in certain circumstances the LCB Bethel Sozo Ministry is legally bound to pass on information to the relevant authorities if a person is at risk, or certain criminal acts are disclosed. For instance, the Children's Act 1989 obliges any confidential disclosures in respect of current child abuse to be reported to the Social Services Department.

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

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

Please return this application plus payment and signed liability release form to:

*Bethel Sozo Ministry, 1 Chancery Lane, Warminster BA12 9JS.*

Cheques should be made payable to [Bethel Sozo South West](#). Or you can pay by bank transfer to: [Bethel Sozo South West – sort code 40-45-23 – account number 41452592](#)

Note: The Sozo Ministry used is modelled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding, CA96003, USA, ([www.ibethel.org](http://www.ibethel.org))