



SOZO MINISTRY APPLICATION

Please Print

Date of Application ____/____/____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ M/F: _____ Age: _____

E-Mail: _____

Do you believe in Jesus Christ? _____ Have you received Him into your heart? _____

Are you attending church? _____ If so, where? _____

Who referred you to the Sozo Ministry? _____

Why do you desire to receive a Sozo? _____

Please check any of the following that currently apply to you:

Anxiety _____ Depression _____ Fear _____ Anger/Rage _____ Drug/Alcohol Abuse _____ Physical Abuse _____

Sexual Abuse _____ Suicidal Thoughts _____ Recent Loss _____ Occult Involvement _____ Addictive Behavior _____

Are you currently on any medication that might impact your Sozo session? _____

Are you currently seeing a therapist? _____

If you attend Marietta Vineyard Church, or have received ministry from Marietta Vineyard Church before please answer the following:

Are you presently or have you in the past been ministered to by any other ministry at MVC? _____

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

Sozo sessions take place Tuesday Nights at 7:00 PM at Marietta Vineyard Church.

For the value of the time spent ministering to you there is a suggested donation of \$40.00. You may include your donation when you return this application and the signed Liability Form. You may send via mail, fax or drop-off. As soon as all of your paperwork is received, we will contact you to schedule an appointment. Thank you!

OFFICE USE ONLY:
Cash: _____ Check: _____ Check #: _____
Paid: _____
APPOINTMENT DATE / TIME: _____

If you have questions, please contact our Sozo Ministry Leader Rebecca Courson at sozo@mariettavineyardchurch.org

Marietta Vineyard Church
2060 Lower Roswell Rd. #300 Marietta, GA 30068
Phone: 770.977.9496 / Fax: 770.509.8131

