

SOZO MINISTRY APPLICATION

Please Print	Date of Application/				
Name:					
Mailing Address:					
City:		State:	State: Zip:		
Home Phone:	Cell:		M/F:	Age:	
E-Mail:					
Do you believe in Jesus Christ?	Have	you received Him into yo	ur 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 cu	urrently apply to you:				
Anxiety Depression F	Fear Anger/Rage	Drug/Alcohol Abu	ise Physi	cal Abuse	
Sexual Abuse Suicidal Though	its Recent Loss	Occult Involvement	Addictive	e Behavior	
Are you currently on any medication that	nt might impact your Sozo se	ession?			
Are you currently seeing a therapist?					
If you attend Marietta Vineyard Church,	, or have received ministry f	rom Marietta Vineyard Ch	nurch before pleas	e answer the following:	
Are you presently or have you in the	past been ministered to b	y any other ministry at I	MVC?		
If yes, with whom?		Last date of m	ninistry time?		
Sozo session	ns take place Tuesday Night	ts at 7:00 PM at Marietta V	Vineyard Church.		
the value of the time spent ministerin 10 donation. You may include your do or drop-off. As soon as all of your pap	onation when you return	this application and the	signed Liability	Form. You may send via ma	
OFFICE USE ONLY:					
OFFICE USE ONLY: Cash:	Check:		Check #:		

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

