

SOZO MINISTRY APPLICATION

Please Print: _____ Date of Application _____

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Gender (male/female) _____ Age _____

Church Attending (If other than Outreach Center, also give city & state)

Are you currently applying for a Sozo as a requirement for being a part of an Outreach Center ministry? If so, which one? _____

Have you received ministry from Outreach Center's Sozo Team in the past? _____

If so, the approximate date of the ministry? _____

Other than as a requirement for ministry, why would you like to receive a Sozo?

Who referred you to the Sozo ministry? _____

Have you attended or are you now attending an
Outreach Center School of Ministry? ____ Yes ____ No

Do you attend a cell group or a home group? ____ Yes ____ No

If not, we strongly recommend you find one. We also recommend that you share with someone you trust what happened during the Sozo so that you will have someone to pray with and help you walk in your new freedom.

We encourage you to prepare your heart by fasting and praying one week before your Sozo. (Ask the Lord what He wants you to fast and how much.)

If you desire to make a donation to help support the ongoing needs of this ministry, you may send the donation when you return this application and the signed Liability Release form to Outreach Center Church, 21181 Oak Ridge Road, Siloam Springs, AR 72761. Sozo sessions are normally scheduled on Wednesday evenings by appointment at 7:00 p.m. and usually last 2-3 hours. Thank you.