



MINISTRY APPLICATION

the Sozo Ministry of True Life
www.TrueLifeRR.org/sozo

FOR OFFICE USE ONLY

Appointment Date _____

Appointment Time _____

| | | | |
|---|--------------------------|--|--|
| Name | | Date of Application / / | |
| Street Address / P.O. Box | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| City | State | ZIP Code | |
| Email Address | Home Phone () | Mobile Phone () | |
| Age | Church you are attending | | |
| Have you ever received ministry from True Life's Sozo Team? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, approximate date? / / | |
| Why do you want to receive Sozo ministry? | | | |
| Have you ever received any other ministry from True Life? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, with whom, and date of last ministry? / / | |
| Who referred you to Sozo Ministry? | | | |
| Do you attend a Journey Group, home, or cell group? <input type="checkbox"/> Yes <input type="checkbox"/> No | | ▶ If not, we strongly recommend that you find one. We recommend that you share your Sozo experience with someone that you trust, but that you do not consider your "best friend." This person will be able to pray with you and help hold you accountable. | |
| Will you commit to praying and fasting for the week before your Sozo session? <input type="checkbox"/> Yes <input type="checkbox"/> No | | ▶ Ask the Lord what He wants you to fast. There are many different types of fasts: food, sweets, TV, media, etc. | |
| For the value of the time spent ministering to you, there is a suggested donation of \$50.00 for those that are not members of True Life. Sozo sessions are free for True Life members, but they may also donate if desired. Return this Sozo Ministry Application, the signed Sozo Liability Release form, and any donation to True Life. | | | |

True Life
Attn: Transformation Center/Sozo Ministry
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TRUE LIFE