



BETHEL SOZO MINISTRY NIGERIA

APPLICATION FORM

Fill in the form below to request for a personal Bethel Sozo.

Surname Name: _____

First Name: _____

Gender: _____

Email: _____

Phone (Home): _____ (Mobile): _____

Contact Address: _____

Church/Ministry/Fellowship/Community: _____

Priority is given to Senior Leaders or Ministry Team Leaders. *Please tick the appropriate box.*

Senior Leader ____

Ministry Team Leader ____

Why would you like to receive a Sozo? _____

Who referred you to Bethel Sozo Ministry?

How long have you attended your current church? _____

How do you serve at church? _____

Are you a student? Yes _____ No _____

Are you in a prayer group or accountability group? Yes _____ No _____

If not we strongly recommend you find one. We recommend that you share with someone you trust what happened during your Sozo so that you will have someone to pray with and hold you accountable (this person should not be who you consider your ("best friend")).

Will you be able to pray in the week before your Sozo? Yes _____ No _____

*Are you taking medication for a physical or mental illness? Yes _____ No _____

**If so, please take care to thoroughly read through the appointment letter and the liability release form that will be sent to you, so that you understand the nature of this ministry.*

We will send you further information once we receive your completed form.