



SOZO Ministry
 9900 Willows Rd. NE, Redmond, WA 98052
 425.895.5923 Fax 425.702.0505 sozo@occ.org

Received in office:
 Action:

APPLICATION FOR A SOZO MINISTRY SESSION

Name: _____ Date: _____ Male Female
 Email: _____ Phone: _____
 How did you hear about the OCC Sozo Ministry? _____

TIMES YOU ARE AVAILABLE FOR A SOZO SESSION

Saturday (between 9:00am – Noon):	Time:	Monday (between 6:00pm – 8:00pm):	Time:
<i>Limited opportunities for weekday sessions, Mon to Thurs, 10am – 2pm.</i>	Day: Time:		

SPIRITUAL, PHYSICAL AND EMOTIONAL HEALTH INFORMATION (Check those that apply)

- Can you claim Jesus as your Lord and Savior? Yes No Not Sure
- I am uncertain about God but want to know more. I read the Bible. (How often) _____
- I regularly attend church. (If so, where): _____ Member? Yes No
- I am in a Life Group Yes No
- My parents are still living Father - Yes No Mother - Yes No
- My siblings are still living Yes No N/A

PLEASE HELP US BY ANSWERING THE FOLLOWING QUESTIONS:

1. Why are you requesting a Sozo session?

2. How do you hear from God (audible voice, thoughts, feelings, through Bible reading, etc.)?

3. Are there any fears you are currently struggling with?

4. What are you expecting from a Sozo session?

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 Signature

 Date

Sozo Appointment Cancellation: Call 425-351-0869 at least three hours before your **Evening** or **Weekday** appointment and 24 hours prior to **Weekend** appointments if you are unable to keep the appointment. Cancellations without proper notification may forfeit rescheduling. The Sozo ministry does not charge for its services.

What happens next: The Sozo Coordinator will create a file with your Sozo application, match you with an appropriate Sozo team and contact you as soon as possible. *If you have not been contacted within a week of submitting your application, please call Mark and Leslie Hicks at 425-316-8238*