

# SOZO MINISTRY APPLICATION

Please Print \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender (male/female) \_\_\_\_\_ Age \_\_\_\_\_

Church Attending \_\_\_\_\_

Are you currently applying for a Sozo as a requirement for being a part of a ministry within your church home?  
If so, which one? \_\_\_\_\_

Have you received ministry from HHCM's Sozo Team in the past? \_\_\_\_\_ Approx. date of ministry? \_\_\_\_\_

Why would you like to receive a Sozo?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently or have you in the past, been ministered to by any other ministry for inner healing?

If yes, whom with? \_\_\_\_\_ Last date of ministry \_\_\_\_\_

Who referred you to the Sozo ministry? \_\_\_\_\_

## **HHCM is operated on a donation only basis.**

**For the value of the time spent ministering to you, there is a suggested donation of \$75.00. You may send the donation, payable to the His High Call Ministries, when you return this application and the signed Liability Release form to His High Call Ministries, 6577 Wakefalls Drive, Wake Forest, NC. As soon as your paperwork is received, we will contact you to schedule an appointment.**

### **OFFICE USE ONLY:**

NBC \_\_\_\_\_ REF \_\_\_\_\_ PDS \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_

APPOINTMENT DATE/TIME \_\_\_\_\_