

## FATHER'S PROMISE SOZO MINISTRY APPLICATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Gender (M/F) \_\_\_\_\_ Age \_\_\_\_\_ Church Attending \_\_\_\_\_

Have you received a Bethel Sozo in the past? (Y/N) \_\_\_\_\_ Approx. Date of Ministry \_\_\_\_\_

Where did you receive this ministry? \_\_\_\_\_

Why would you like to receive a Sozo? \_\_\_\_\_

Are you presently being, or have you in the past been, ministered to by any other ministry? (Y/N) \_\_\_\_\_

Which Ministry? \_\_\_\_\_ Approx. Date of Ministry \_\_\_\_\_

Who referred you to this Sozo Ministry? \_\_\_\_\_

Our team members offer biblical spiritual services to anyone desiring them regardless of ability to pay. Although there is no charge for our services, all efforts to build this ministry support and train our team members are paid directly from the donations of those receiving these services. We, therefore, have a suggested donation of \$50.00 (or more) per visit for the value of the time spent ministering to you. Please make check payable to "Father's Promise" with a notation of "Sozo" in the memo.

You may send your donation with this application and the signed Liability Release form to:

Father's Promise, 78 Engel Road, Old Chatham, NY 12136.

Alternatively, you may email your paperwork to: [bh@fatherspromise.org](mailto:bh@fatherspromise.org)

- in which case, please bring your original paperwork and your donation with you to your Sozo session.

Your contributions to this ministry are greatly appreciated. All donations are tax deductible. If you would like a tax-deductible receipt, we will provide one for you.

**As soon as your paperwork is received, we will contact you to schedule an appointment - Thank you!**

### OFFICE USE ONLY:

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Appointment Date/Time \_\_\_\_\_ Counselor \_\_\_\_\_

## LIABILITY RELEASE FOR FATHER'S PROMISE SOZO MINISTRY

I, (name) \_\_\_\_\_, acknowledge that:

- team members from Father's Promise Ministries have voluntarily agreed to pray for me.
- I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors.
- I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.
- I understand that Father's Promise Ministries is a nonprofit New York State corporation that does not charge for its services.
- I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.
- I understand that if I receive ministry from Father's Promise, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of Father's Promise so as to further my total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for my personal and spiritual growth.
- I understand that Father's Promise mandatorily reports child and elder abuse to the proper authorities.

I agree to hold Father's Promise Ministries and its team members free from any and all liability, loss or damage of any kind that may arise as a result of assistance, which I have received, or from my involvement with Father's Promise.

I hereby acknowledge that I have read this Disclaimer and Release of Liability and understand and agree with it and have executed it as an act of my free and voluntary will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date