



**TRANSFORMATION MINISTRIES**

**BETHEL SOZO MINISTRY APPLICATION\***

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

Name \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

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

If you are not attending C3 Church Beachway we request that you notify your Pastors that you are receiving ministry with us. Please indicate whether your pastors have been notified. Yes / No  
Have your pastor/s seen the brochure and disclaimer forms concerning Transformation Ministries?  
Yes / No

Are you applying for Sozo ministry as a requirement for being part of the Transformation Ministries at C3 Church Beachway. If so which one? \_\_\_\_\_

Have you received Sozo ministry in the past? \_\_\_\_\_ Approx. date of ministry?  
\_\_\_\_\_

Other than a requirement for ministry, why would you like to receive Sozo ministry?  
\_\_\_\_\_

Are you presently or have you in the past, been ministered to by any other ministry of C3 Church Beachway? \_\_\_\_\_ If yes, whom with? \_\_\_\_\_  
Last date of ministry \_\_\_\_\_ Who referred you to the Sozo ministry? \_\_\_\_\_  
Are they aware of your application for Sozo ministry? Yes / No

Do you attend a connect group or a home group? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, we strongly recommend you find one. We recommend that you share with someone you trust what happened during the Sozo ministry, 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 or fast one week before your Sozo ministry? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Ask the Lord what He wants you to fast. It can be fasting one meal a day or fasting comforts e.g. watching TV.  
Please indicate day(s) / evening(s) that best suit you for appointments. \_\_\_\_\_

**For the value of the time spent ministering to you, there is a suggested donation of \$50.00. You may send the donation when you return this application and the signed Liability Release form to C3 Church Beachway, Attention: Sozo Ministry, 5 O'Malley Street, Osborne Park, WA 6017. As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.**

\*Please refer to our Information page on SOZO MINISTRY for further information about this ministry.