SS

**SOZO MINISTRY APPLICATION**

**Please print:** Date of Application\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Male o Female Age:\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

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

Message Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: o Married o Divorced o Single Church Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to the SOZO Ministry?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Have you received ministry from the Soul Harvest Ministries SOZO Team previously? \_\_\_ yes \_\_\_ no
Approx. date \_\_\_/\_\_\_/\_\_\_

Have you received counseling through your church or a licensed counselor? \_\_\_ yes \_\_\_ no

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

Do you have a leadership role in your church? \_\_\_ yes \_\_\_ no If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check any of the following that apply to you (optional):

\_\_ Anxiety \_\_ Sleep Disturbance \_\_ Drug Abuse \_\_ Sexual Promiscuity

\_\_ Headaches \_\_ Increase/Decrease Appetite \_\_ Alcohol Abuse \_\_ Pornography

\_\_ Depression \_\_ Recent Loss \_\_ Suicidal Thoughts \_\_ Excessive Anger \_\_ Occult Involvement

**For the value of the time spent ministering to you, there is a suggested donation of $60.00. You may send the donation when you return this SOZO Ministry Application and the signed Liability Release form to the address listed below. As soon as your application is received, we will send you an e-mail confirmation of receipt. Thank you.**

Send to: Soul Harvest Ministries Or Email to: soulharvestministries.ktn@gmail.com
4971 N Tongass
Ketchikan, AK 99901

**OFFICE USE ONLY** Appointment Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_ am/pm

Date Received: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Donation: $\_\_\_\_\_\_\_\_ ck #\_\_\_\_\_\_\_ cash Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

\_\_\_/\_\_\_ Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_/\_\_\_ Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_/\_\_\_ Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 12/2012

**Soul Harvest Ministries**4971 N Tongass
Ketchikan, AK 99901

 **LIABILITY RELEASE FOR SOUL HARVEST MINISTRIES SOZO MINISTRY**

I, (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that team members from the SOZO Ministry of Soul Harvest 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 Soul Harvest Ministries, Ketchikan is a nonprofit Alaska Corporation that makes no charge for its services (\*Donation). 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 the Soul Harvest Ministries SOZO Ministry, 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 the SOZO Ministry to further my total healing process. This may include future meetings with spiritual mentors in the ministry to set appropriate boundaries for my personal and spiritual growth.

I agree to hold Soul Harvest Ministries and its SOZO team members and ministers free from 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 Soul Harvest Ministries.

I have read this disclaimer and Liability Release form and fully understand and agree with it and have executed it as my free and voluntary act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of parent/guardian if under 18 years of age Date

**\*DONATION:** Our team members offer prayer ministry to anyone regardless of their ability to donate. Although, there is no charge for our services, all efforts to train our team members and build this ministry are made possible from the donations of those receiving these services. **Please make donations payable to Soul Harvest Ministries**. Donations can also be made through PayPal at www. soulharvestministries.org. Thank you!