

# SOZO HEALING PRAYER REQUEST for Child

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

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl

How many siblings? brothers \_\_\_\_\_ sisters \_\_\_\_\_

Does child have a relationship with Jesus? Y / N

Is child in counseling? Y / N If yes, has counselor agreed to Sozo Healing Prayer Ministry? Y / N

Is the child regularly attending church Y / N Sunday school Y / N youth group (teens) Y / N

Parent/Guardian's Name: \_\_\_\_\_ e-mail \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief History: (Home life, Family, Friends) \_\_\_\_\_

Explain Issues \_\_\_\_\_

Are the parents saved? Y / N

Have parents received Sozo Healing Prayer? Y / N

If not, are they willing to receive Sozo Healing Prayer? Y / N

Comments \_\_\_\_\_

***Proverbs 22:6 Train up a child in the way he should go, and when he is old he will not depart from it.*** Are the parents / guardians willing to make any necessary changes in their lifestyles to help the child walk out their freedom? Y / N

Please indicate your availability for ministry in order of preference. Appointments may last up to three hours.

Monday 6 p.m. \_\_\_\_\_ Tuesday 1 p.m. \_\_\_\_\_ Tuesday 6 p.m. \_\_\_\_\_

Please fill out and return this Request form and the signed Liability Release form to Grace Vineyard Christian Fellowship, Attention: Sozo Healing Prayer Ministry, 611 109<sup>th</sup> Street, Arlington, TX 76018 or email to [GraceVineyardSozo@gmail.com](mailto:GraceVineyardSozo@gmail.com). As soon as your paperwork is received, we will contact you within two weeks to schedule an appointment. Thank you.

## OFFICE USE ONLY:

Contacted \_\_\_\_\_ Confirm Appt. \_\_\_\_\_ Appointment Date/Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**LIABILITY RELEASE FOR GRACE VINEYARD CHRISTIAN FELLOWSHIP SOZO  
HEALING PRAYER MINISTRIES (CHILD)**

Grace Vineyard Christian Fellowship, 611 109<sup>th</sup> St, Arlington, TX 76018

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ (child) acknowledge that team members from Sozo Healing Prayer Ministries of Grace Vineyard Christian Fellowship have voluntarily agreed to pray for my child. 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 my child achieve more freedom in his/her life.

I understand that Grace Vineyard Christian Fellowship is a nonprofit corporation that makes no charge for its services. I further state that I have voluntarily sought assistance for my child 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 for my child from the team members of this ministry.

I understand that if my child receives ministry from Sozo Healing Prayer Ministries of Grace Vineyard Christian Fellowship, 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 Sozo Healing Prayer Ministries of Grace Vineyard Christian Fellowship so as to further your child's total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your child's personal and spiritual growth.

I also understand that Grace Vineyard Christian Fellowship Sozo Healing Prayer Ministry is a mandatory reporting agency and that any allegations of physical or sexual abuse of a child will be reported to the appropriate authorities.

I agree to hold Grace Vineyard Christian Fellowship 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 Grace Vineyard Christian Fellowship.

**I have read this disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**