

# SOZO HEALING PRAYER MINISTRY REQUEST

Please Print

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

Name: \_\_\_\_\_ e-mail \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Best way/time to contact: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Are you requesting Sozo healing prayer as a requirement for being a part of a Grace Vineyard ministry? Y / N

If so, which one? \_\_\_\_\_

Have you received ministry from Grace Vineyard's Sozo Healing Prayer Team in the past? Y/N When? \_\_\_\_\_

Have you ever received any other kind of inner healing ministry, including Sozo, from another source? Y / N

Appx.date: \_\_\_\_\_ Type of ministry: \_\_\_\_\_ Source: \_\_\_\_\_

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

Have you ever received any type of personal counseling or ministry at Grace Vineyard, past or present? Y / N

If yes, whom with? \_\_\_\_\_ Purpose? \_\_\_\_\_ Appx.date: \_\_\_\_\_

Who referred you to Sozo Healing Prayer Ministry? \_\_\_\_\_

Do you attend a home/small group? Y / N

If not, we strongly recommend you find one. We recommend that you share with someone you trust what happened during the Sozo so that you will have someone to pray with you and hold you accountable. (This person should not be the person you consider to be your "best friend".)

Will you be able to fast and pray one week before your appointment? Y / N

*Ask the Lord what He wants you to fast. For instance, you can fast one meal a day or watching TV.*

Do you have any questions or concerns you would like addressed before you receive Sozo Healing Prayer? \_\_\_\_\_

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 \_\_\_\_\_/\_\_\_\_\_**

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

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

I (name) \_\_\_\_\_ acknowledge that team members from Sozo Healing Prayer Ministries of Grace Vineyard Christian Fellowship 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 Grace Vineyard Christian Fellowship is a nonprofit corporation that makes no 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 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 total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your personal and spiritual growth.

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.**

\_\_\_\_\_  
**Signature**

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