

# BETHEL SOZO FOR COUPLES MINISTRY APPLICATION

Date of application: .....

Names: .....

Address: .....

.....

Postcode: .....

Phone (home or mobile): .....

e-mail: .....

Church attending: .....

.....

Why do you both want to receive a Sozo for Couples? .....

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Who referred you to Sozo for Couples? .....

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If you are new to this ministry we suggest you check out [www.bethelsozo.org.uk](http://www.bethelsozo.org.uk) and [www.sozoforcouples.org](http://www.sozoforcouples.org) before sending us your application.

Is this your first Sozo for Couples ministry?  Yes  No

If 'No', where and when did your last receive a Sozo for Couples?.....

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Have you had marriage counselling before?  Yes  No

Did you receive marriage preparation before marrying?  Yes  No

How long have you been married or when did you get married?

.....

We ask that each person complete a Bethel Sozo during the six months before their Sozo for Couples. Have you both had a Bethel Sozo in the last six months?  Yes  No

If not, would you like to book one with this team?  Yes  No

Are either of you on any medication, or are there any potentially complicating issues you feel it would help us to know about?  Yes  No

If you work full time we will try to accommodate you at a time to suit, but in general we don't offer evenings or weekends.

Please tick (✓) the days you could be available for your ministry:

Tuesday  Wednesday  Friday

Please note that there is a suggested donation of £60 attached to this ministry. Please contact us in advance if payment is a problem. Otherwise, please ensure payment is included with this application or that you pay by bank transfer.

Please make cheques payable to: Bethel Sozo South West

or (if you prefer) you may pay by bank transfer:

Account Name: Bethel Sozo South West  
Sort Code: 40-45-23  
Account number: 41452592

Please return this application plus payment and signed liability release form to:

Bethel Sozo Ministry  
1 Chancery Lane  
Warminster  
BA12 9JS

Notes:

Sozo for Couples is a two-person ministry with one person leading and a 'Second' praying and keeping a note of what God says to you both. Occasionally a 'Third' will be present for training purposes.

You should allow up to 90 minutes for your ministry.

For suggestions for where to park see: [www.lifechurchbath.com/findus/](http://www.lifechurchbath.com/findus/)

The Sozo Ministry used is modelled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding, CA96003, USA, ([www.ibethel.org](http://www.ibethel.org)).

# LIABILITY RELEASE FORM,

Life Church Bath Sozo Team

We (names) ..... do hereby release The Life Church Bath Sozo Team and its volunteers from any liability, for any harm or perceived harm resulting from us voluntarily receiving free prayer on this and subsequent visits. We understand that the Life Church Bath Sozo Team is staffed by volunteers. They are not trained or licensed professionals of counselling, therapy or medical services. We undertake that if we are currently taking medication or operating under advice of a professional service, we will allow our medical doctor, therapist, counsellor etc., to confirm any results of prayer received before altering any prescribed course of medication or action.

We further state that we have voluntarily sought assistance at our own initiative and that we are under no obligation to accept or reject any of the advice or help that we might receive from the team members of this ministry. We understand that these team members are, to the best of their ability, doing what they can to help us achieve more freedom in our marriage.

We also agree to hold the Life Church Bath Sozo Team free from any and all liability, loss or damage of any kind that may arise as a result of assistance that we have received or from my involvement with Kingdom ministry.

We understand that the people who will see my information will be the Life Church Bath Sozo Team leadership only. However, in certain circumstances they are legally bound to pass on information to the relevant authorities if a person is at risk, or certain criminal acts are disclosed. For instance the Children Act 2004 requires any confidential disclosures in respect of child abuse to be reported to the Social Services Department.

We have read this disclaimer and release of liability form and understand and agree with it and have executed it as our free and voluntary act.

.....  
(Signature)

.....  
(Date)

.....  
(Signature)

.....  
(Date)