

# YLV SOZO: Application

Please Print

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

## Contact Information

- Name: \_\_\_\_\_
- Email: \_\_\_\_\_  
(This is our primary way of contacting you; please let us know if this does not work for you)
- Mailing Address: \_\_\_\_\_
- City, State, Zip Code: \_\_\_\_\_
- Message Phone: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Age: \_\_\_\_\_
- Attending Church: \_\_\_\_\_

## Mental Health History

- Do you have a mental health diagnosis? \_\_\_\_\_ *If yes, please explain on the back of this paper.*
- Do you take daily medication for a mental health diagnosis? \_\_\_\_\_
- Are you currently under a Doctor's care for mental health treatment? \_\_\_\_\_

*If yes, do you have permission from your Dr. to get this type of prayer? (We will need this in writing)*

## SOZO History

- Have you received ministry from a SOZO team in the past? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- If so, what was the approximate date of ministry? \_\_\_\_\_
- Who referred you to the SOZO ministry? \_\_\_\_\_
- Do you attend 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 so that you will have someone to pray with and hold you accountable (someone who will be honest with you and tell you the truth).*

- Will you be able to fast or pray one week before your Sozo? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Ask the Lord what He wants you to fast—it can even be fasting one meal a day or fasting something you love.
- Please come prepared with what you're looking to get past—the reason you felt stirred to get a SOZO. Be asking the Lord about it as you're fasting and preparing for your session.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Cost and Mailing Instructions

- For the value of the time spent ministering to you, there is a fee of \$50.00. **Unless you are a member of The Yorba Linda Vineyard, then your fee is only \$25.** You may enclose the fee, (make checks payable to Yorba Linda Vineyard), when you return this application AND the signed Liability Release form.
- As soon as your paperwork is received, we will email you to schedule an appointment.

**Please mail Application, Release Form and payment of \$25 or \$50 to:**

SOZO Ministry

c/o Yorba Linda Vineyard

3780 Prospect Avenue, Suite B

Yorba Linda, CA, 92886

