

Sozo Ministry Application

Please Print: _____ Date of Application _____

Name _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Message Phone _____

Gender (male/female) _____ Age _____

Church Attending _____

Are you currently applying for a Sozo as a requirement for being part of a ministry?
If so, which one? _____

Have you received ministry from a Sozo team in the past? _____ Where?
_____ Approx. date of ministry? _____

Other than a requirement for ministry, why would you like to receive a Sozo?

How did you hear about us? _____

For the value of the time spent ministering to you, there is a suggested donation of \$75.00. Please send the non-refundable donation when you return this application and the signed Liability Release Form to *Camarillo Healing Rooms, Attention: Sozo Ministry, 1169 Calle Suerte, Camarillo, CA 93012.* As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.