

CHILDREN'S SOZO MINISTRY APPLICATION

Please Print:

Date of Application _____

Child's Name: _____ Age _____

Boy _____ Girl _____ How many siblings? Brothers _____ Sisters _____

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

Is the child regularly attending church Y / N Sunday school Y / N Youth group Y / N

Parent/Guardian's Name: _____

Email: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Have the parents received sozo ministry or counseling about the areas of concern? Y / N. If so, please let us know when and where:

Brief History of Home life, Family, Friends, and others who have influence in your child's life:

Please give a brief explanation of why you are requesting sozo ministry for your child:

Do the parents understand what children's sozo ministry is, and how ministry is done? If you have questions or concerns, please contact us or write them below, and we will address them prior to or during the sozo session:

Please note your preferred ministry time. Ministry days are Tuesdays 10:00am, 1:00pm, & 3:30pm; other days and times can be arranged if needed:

We ask that you pray about making a donation to CCRT Sozo to help us in the development and growth of this ministry. You can make checks to CCRT marked for "CCRT Sozo" or you can donate cash. We will minister to you whether you donate or not.

CHILDREN'S SOZO LIABILITY RELEASE FORM

I (parent/guardian name) _____ acknowledge that team members from CCRT Sozo Ministries 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 CCRT Sozo Ministry 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.

Our team members offer Biblical spiritual services to anyone who desires them regardless of ability to pay. Although there is no charge for our services, we use donations for ministry expenses and training our team members. We therefore have a suggested donation of \$50.00 per visit. If you would like a tax deductible receipt, we will provide you with one upon request.

I understand that if I receive ministry from CCRT Sozo Ministries, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with counselors, spiritual leaders and mentors for the purpose of furthering your child's total healing process. However, any information shared will only be shared with the parent or guardian's approval and agreement.

I also understand that CCRT Sozo Ministries 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 CCRT Sozo Ministries 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 CCRT Sozo Ministries.

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

Signature and Date:
