

Crossroads Christian Center Sozo Application

Today's Date: _____

First (Name) _____ Initial _____ Last _____

Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Male Female Age _____ Birthday _____ Church Attending _____

Currently employed by Crossroads? Yes No

Is this Sozo a requirement for being a part of a Crossroads Ministry? Yes No

If yes, which one? _____

Have you received ministry from this Sozo Team in the past? Yes No Approx. date? _____

Are you currently seeing a Therapist/Counselor? Yes No

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

Will you be able to fast or pray one week before your Sozo? Yes No

Ask the Lord what He wants you to fast (e.g. one meal a day, the internet, or watching TV).

Please place a check next to any of the following that currently apply to you:

- Anxiety Criminal Record Physically Abused Sexual Promiscuity Increase/Decrease Appetite
Headaches Addictive Behavior Physically Abusive Suicidal Outbursts of Anger
 Depression Drug Abuse Sexually Abused Suicide Attempts Hearing Voices
 Sleep Disturbance Alcohol Abuse Sexually Abusive Recent Loss Involvement in the Occult

For the value of the time spent ministering to you, there is a suggested donation of \$50.00. You may donate by cash, check or credit/debit card at the time of your scheduled appointment. We will contact you via email to schedule an appointment. Sozo appointments are available Monday-Friday with limited Saturday appointments. Appointments will not exceed 2 hours.

Please list the dates and times you are available. Keep in mind your dates noted may not be available, however we will do our best to accommodate you. _____

What time of day would you prefer to have your appointment? Morning Afternoon Evening

Liability Release for Crossroads Christian Center

I _____ acknowledge that team members from Sozo Ministries of Crossroads Christian Center have voluntarily agreed to pray for me using various inner healing methods and when appropriate pastoral counseling. I understand that this session is not a professional counseling meeting and that none of the team members are acting as 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 Crossroads Christian Center is a nonprofit California 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 pastoral team members offer biblical spiritual services to anyone who desires them, regardless of ability to pay. All ministry, support, and team training is paid directly from donations. We, therefore, have a suggested donation of \$50.00 or more per visit. Your contributions to this ministry are greatly appreciated as they support our pastoral team. Please make donations payable to Crossroads Christian Center. Any donation above the suggested donation of \$50.00 is tax deductible. If you would like a tax-deductible receipt, we will provide one for you. Thank you!

I understand that if I receive ministry from Crossroads Sozo Ministries, 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 Ministries 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.

We are required by law to report two issues:

1. Any intent of a person to take harmful, dangerous, or criminal action against another person or against him/herself.
2. Any act of child or elderly abuse or neglect.

I agree to hold Crossroads Christian Center and its team members free from any and all liability, loss or damage of any kind that may arise as a result of assistance that I have received or from my involvement with Crossroads Christian Center.

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

Must be signed by applicant or legal guardian if applicant is minor (under 18 years of age)

Date