

## **CHILD SOZO MINISTRY APPLICATION FORM: CHILD, 18 AND UNDER**

<b>Parent / Guardian Name</b>		<b>Gender</b>		<b>Age:</b>	
<b>Parent / Guardian Name</b>		<b>Gender</b>		<b>Age:</b>	
<b>Email:</b>		<b>Cell</b>			
<b>Child Full Name:</b>		<b>Gender</b>		<b>Age:</b>	
<b>Address</b>					

<b>Church Attending</b>		
<b>Have you as parents/guardians, received a Sozo?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, when (year / month)?</b>		
<b>Has your child received Sozo ministry from a Sozo team in the past?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, when (year / month)</b>		
<b>Is he/she currently receiving counselling?</b>	<b>Yes</b>	<b>No</b>
<b>Why would you like your child to receive a Sozo?</b>		
<b>Who referred you to the Sozo Ministry?</b>		
<b>Is your child taking any medication we should know about?</b>	<b>Yes</b>	<b>No</b>
<b>If yes please describe what condition it is for?</b>		
<b>Is your child receiving any professional help for medical, emotional, or behavioural issues?</b>	<b>Yes</b>	<b>No</b>
<b>Have you any other information that might be useful?</b>		
<b>Please list your child's favourite activities and any special interests or hobbies?</b>		

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I (full name) \_\_\_\_\_ acknowledge that team members from SOZO ministries of Journey of Grace have voluntarily agreed to pray for **me / my child**. I understand that this session is not a professional counselling meeting and that none of the team members are licensed counsellors. I understand that these team members are, to the best of their ability, doing what they can to help achieve more freedom in my life.

I understand if I receive ministry from Journey of Grace, the team is committed to respect the disclosed information, but not to complete confidentiality.

**PLEASE BE ADVISED:**

Should any information come up, that indicates that your child's safety is being violated or at risk, we are under legal obligation to report it. (Sexual abuse and/or Physical abuse). Please sign here to indicate that you have read this section of the application form.

**Anything that will be divulged in the SOZO ministry, that is illegal, will need to be reported to the Legal Authority. I agree  I disagree**

I agree to hold SOZO ministry of Journey of Grace and its team members free from any loss or damage of any kind that may arise as a result of assistance, which I have received, or from my involvement with Journey of Grace.

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.

A recommended donation of *R150-00* is suggested and can be payable either by cash or EFT.

**Standard Bank Tyger Manor 050410      Account: 071094547      Reference: "SOZO" YourName**  
**Send proof of donation to [sozo.journeyofgracect@gmail.com](mailto:sozo.journeyofgracect@gmail.com)**

Please submit your completed & signed form as well a Proof of payment in case of EFT, to [sozo.journeyofgracect@gmail.com](mailto:sozo.journeyofgracect@gmail.com) or bring it with you when you come for ministry.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a minor, please let your guardian sign:

Signature \_\_\_\_\_ Date \_\_\_\_\_