



SOZO Ministry *saved healed delivered*

SOZO is the Greek word translated "saved, healed, and delivered."

SOZO carries the concept of ministering to the whole person in spirit, soul, and body

SOZO is simple, Spirit-led, and effective

SOZO finds issues in minutes instead of weeks or months

ABOUT SOZO

The focus of the SOZO Ministry is to get to the root of the things hindering your personal connection with the Father, Son, and Holy Spirit, and possibly with some of your relationships. With those connections healed, you can walk more fully in the destiny to which you have been called; to be a son or daughter of the King, walking in freedom and joy!

SOZO's purpose is to clear the blockages in our connection with God. We all have areas where lies about God's character have formed. These usually come from the influential people in our lives who have unknowingly misrepresented God to us in our formative years. These lies are also formed by wounds that we have sustained at any point in life where we have created faulty coping mechanisms to help protect ourselves from further pain. As we walk out our daily lives we begin to build on those lies and wounds and create assumptions and filters about God, and His thoughts toward us.

During a SOZO the Lord wants to make a trade with you; His truth in exchange for lies that you have believed.

PERSONAL MINISTRY SESSION

Our SOZO team is trained to work with you to help discover the areas God wants to heal. A SOZO session is very gentle and based completely on where you are in your process and how far you are willing to go with the Holy Spirit's help and direction.

A SOZO session may last 1-3 hours and is conducted by two team members in a private and comfortable setting. The SOZO team will sit down with you, and with the help of the Holy Spirit walk you through the process to freedom and wholeness in the areas God wants to address.

SOZO is not a counseling session but a time of interacting with Father, Son, and Holy Spirit.

[see back for more information](#)

HOW TO MAKE AN APPOINTMENT

The process:

- Determine if you want a SOZO or need some other kind of counseling.
- Print and complete the APPLICATION and RELEASE FORMS and deliver or mail to Christ's Center 530 W. 7th Ave. Junction City, OR 97448.
- Call Christ's Center with any questions you might have at: 541-998-3015.
- Your donation * may be included with your application at this time.
- After the forms have been received at the office, our coordinator will call you to arrange an appointment with you. You will be placed on the list of applicants in the order that we receive the application.

*DONATIONS:

There is no charge for the SOZO sessions. However, there is a suggested donation of \$60.00 per session to help with the expenses of this ministry and for continued training for the SOZO Ministry Team. All donations are appreciated and will help us serve many more people in this region. Thanks!

I'VE BEEN "SOZO-ED"...NOW WHAT?

After your SOZO some things will feel totally different. Many things will feel exactly the same. This is not an indication of success or failure. It is imperative to hold onto, and continue proclaiming over your life, the new truths that God gives you during your session. Over time as you begin to accept and step into these truths you will begin to see sustained changes more clearly.

Just like a very small course correction will take a ship, over time, to one continent instead of another, a spiritual realignment will bring you closer to God and His good plans for you, instead of further away.

Expect great things!

SOZO Ministry Application for Christ's Center

Please Print:

Name (first, last): _____ Date: ____/____/____

Circle one: MALE / FEMALE Age: _____ Email: _____

Phone: _____ Marital Status (circle one): MARRIED / DIVORCED / SINGLE

Church Attending: _____

Are you applying for a SOZO as a requirement for being a part of a ministry in your church? If so, what ministry?:

Have you received ministry from a SOZO Team in the past? YES / NO

Approximate date ____/____/____ Where?: _____

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

Have you received counseling through your church or a licensed counselor? YES / NO

If yes, with whom?: _____ Approximate date of last session: ____/____/____

Who referred you to SOZO Ministry?: _____

Do you have a leadership role at your church? YES / NO If yes, please describe?: _____

Will you be able to fast a day or two before your SOZO (ask the Lord what He wants you to fast: it can be fasting a meal a day, certain food, or not watching TV, etc.) YES / NO

For the value of the time spent ministering to you, there is a suggested donation of \$60. You may send the donation when you return this SOZO Ministry Application and the signed Liability Release form to address listed below. As soon as your application is received, we will contact you to schedule an appointment. Thank you. Send or deliver to:

Christ's Center Church 530 W. 7th Ave. Junction City, OR 97448

Or scan and e-mail to: christscenter@christscenter.com

PLEASE COMPLETE THE BACK OF THIS PAGE

SOZO Ministry Release form for Christ's Center

I, _____ (print name) acknowledge that team members from the SOZO Ministry of Christ's Center have voluntarily agreed to pray for me. 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 me achieve more freedom in my life.

I understand that Christ's Center Church is a nonprofit Oregon Corporation that makes no charge for its services (*Donation). 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.

I understand that if I receive ministry from the Christ's Center SOZO Ministry, 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 the SOZO Ministry so as to further my total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for my personal and spiritual growth. I understand that Christ's Center Church mandatorily reports child and elder abuse to the proper authorities.

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

I have read this disclaimer and Liability Release form and fully understand and agree with it, and have executed it as my free and voluntary act.

Signature (first, last): _____ Date: ____/____/____

Parent/Guardian Signature
(if under 18): _____ Date: ____/____/____

* DONATION: Our team members offer biblical spiritual ministry to anyone regardless of their ability to donate. Although there is no charge for our services, all efforts to train our team members and build this ministry are made possible from the donation of \$60 or more per visit. Please make donations payable to Christ's Center. If you would like a tax deductible receipt, we will provide you with one in the mail upon request. Thank you!

OFFICIAL USE ONLY:

DATE RECIEVED:

DATE / TIME OF APPOINTMENT: