

SOZO SESSION QUESTIONNAIRE

Name _____

Date _____

Age _____ Gender _____ Marital Status _____

Address (Street or P.O. Box) _____

City, State, Zip _____

Phone (best # to reach you) _____

Email _____

If married, how does your spouse feel about you having a SOZO? _____

Do you have children? _____ # of children and ages _____

Who referred you? _____

Occupation _____

When did you commit your life to Christ? _____

Briefly describe your salvation experience _____

Have you been filled with the Holy Spirit? _____ If so, briefly describe your experience

Please describe briefly, yet specifically, why you would like a SOZO? What issue is the Holy Spirit "highlighting" in your heart?

Is this your first SOZO? _____ If not, when and where was your first? _____

List 3 possible dates/days for your SOZO and the time of day. We try to accommodate your schedule but please be aware that team members are volunteers and many work full-time. Scheduling could take a couple of weeks.

Upon completion of this questionnaire, please submit it to Bonnie Lofthus or Kathy Theel; OR you may email it to parksozomin@gmail.com