



Door of Hope Mentoring & Healing School Application Form

Full Name: _____

Today's Date _____ Start Date: _____ Sex: _____ DOB: _____

Address: _____

City and Zip code _____

Contact Number: Home _____ Cell _____ Work _____

Email: _____ Place of Employment: _____

Are you a born again Christian? _____ How Long? _____ Church affiliation: _____

Emergency Contact Number: _____ Relationship: _____

Married Separated Divorced Single How many children? _____

If Married, Spouse's Name: _____ Spouse's Age: _____ Spouse's DOB: _____

Child's Name: _____ Age: _____ Sex: _____

Child's Name: _____ Age: _____ Sex: _____

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How did you hear about DOH? _____

Registration Fee: \$35.00 _____ Tuition Fee \$150.00 _____ Purchasing Book in class \$30.00 _____

Workbook \$20.00 _____ Teaching Manual (Optional) \$30.00 _____

or you may purchase material through barnesandnoble.com or amazon.com _____

Payment Method: Cash Check: Check Number _____ Debit or Credit Card:

Door of Hope Inner Healing School and Deliverance School

Agreement Form

Write a brief paragraph about yourself as to why that you need the class.

Bonjie Wernecke Rodriguez is Founder and Director of Door of Hope Inner Healing and Deliverance School/ Ministries. Our purpose is to encourage and mentor you back to wholeness. I understand that the staff of Door of Hope is there to mentor me and encourage me, but I do have to yield to God and to the power of the Holy Spirit to enable me to succeed in life. I do not hold them responsible for medical supervision. I understand and acknowledge that all ministers, either Licensed or Lay, that are involved in this ministry are not licensed or trained as psychotherapists, mental health professionals, or professional counselors. All guidance, counsel, and advice that I receive will be solely based on Scriptural principles, and Christian Biblical standards as written out in the Holy Bible. I further understand that all ministry is under the direction of the Holy Spirit, and that no guarantees are made, nor can be made with regard to my healing and or / deliverance.

I, _____ state that I have voluntarily release DOH Mentoring & Healing School and all prayer ministers as well as Christian Ministries Fellowship International covering of Apostles Jim & Pam Becton with Fathers Heart - Houston HUB of actual implied liability that may arise now or in the future in the ministry that is offered.

Director and Founder : Ministers Ruben & Bonjie Rodriguez

Door of Hope Ministries

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