

# OPEN DOORS MISSIONS RELIEF

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## Residence Reservation Application

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates Requesting: \_\_\_\_\_

How many people will be staying with you? \_\_\_\_\_

(Please include names and ages of everyone that will be staying at ODMR)

Adults \_\_\_\_\_ Children anyone under the age of 18

_____	_____
_____	_____
_____	_____
_____	_____

Have you stayed with us before? (if so when) \_\_\_\_\_

Please give a brief description of the reason for your stay and description of your full-time service to Jesus Christ.

_____
_____
_____
_____

Missionaries:

Missionary Organization \_\_\_\_\_ Country of Service \_\_\_\_\_

Security Level \_\_\_\_\_ Dates of Service: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Pastors/Full Ministry Worker:

Church: \_\_\_\_\_

Position \_\_\_\_\_ Length of time in current position \_\_\_\_\_

How did you hear about Open Doors Missions Relief? \_\_\_\_\_

_____
_____
_____
_____

Do we have permission to share your information with our church family to prepare for your arrival and begin praying for you? Yes No

Do we have permission to share your photo and name on our FB page or ministry website?  
Yes No

Please indicate any information that should be kept confidential:

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

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

Please include photo of each adult that will be staying as well as a prayer card if applicable

Please return completed application to Tonya Deering @ opendoormissionsrelief@gmail.com or mail to  
Open Doors Missions Relief  
Attn: Tonya, 1001 Boswell Lane, Mackville, KY, 40040

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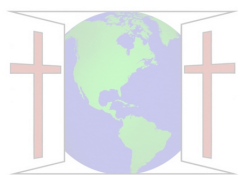
For Ministry Use:

Date Received:\_\_\_\_\_

Date of Approval:\_\_\_\_\_

Contact Date to Applicant:\_\_\_\_\_

Signature of Ministry Staff:\_\_\_\_\_



## OPEN DOORS MISSIONS RELIEF

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### REFERENCE / REFERRAL FORM

Please present a copy of this reference form to your pastor or the director of your mission agency. If you are a pastor or the director of a ministry, we suggest you use the chairman of your board. Have them complete the following on ministry letterhead and send to Open Doors Missions Relief, 1001 Boswell Lane, Mackville, KY 40040. Or email to [opendoormissionsrelief@gmail.com](mailto:opendoormissionsrelief@gmail.com).

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Dear Pastor, Ministry Director, or Board Chairman,

You are being asked to act as a reference for [insert name]. They desire to be a guest at Open Doors Missions Relief. You may learn more about our ministry on our facebook page. Regarding this referral, we request you provide us with the following information on ministry letterhead:

1. What is the applicant's full-time involvement in your church or organization?
2. Can you recommend them to us as one who qualifies and is of the utmost integrity? If so, please include a line that says, "I understand that I am acting in good faith in recommending [insert name] to the ministry of Open Doors Missions Relief."
3. Include all the information below somewhere in the letter"
  - a. Date
  - b. Name of Ministry or church
  - c. Your Name and Title
  - d. Phone and E-Mail address
  - e. A brief statement about how you feel that our purpose can meet the need of the applicant
  - f. Address of Organization
  - g. Signature

We look forward to hearing from you.

In His Grace,

**Rob and Tonya Deering**

*Founders*

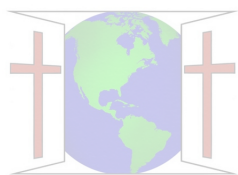


859-262-0859



[opendoormissionsrelief@gmail.com](mailto:opendoormissionsrelief@gmail.com)

[kymissionaryhouse.org](http://kymissionaryhouse.org)



## OPEN DOORS MISSIONS RELIEF

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### RELEASE FORM

Please read, print this form, sign and notary witness, then scan and email it to Open Doors Missions Relief at [opendoormissionsrelief@gmail.com](mailto:opendoormissionsrelief@gmail.com). Or mail to 1001 Boswell Lane, Mackville, KY 40040

In consideration of the hospitality and services received by the tenant, and for other good and valuable consideration received, the tenant hereby absolutely and unconditionally release(s) and forever discharge(s) Open Doors Missions Relief INC. and their respective personal representatives, heirs, successors and assigns, from any claim, demand, cause of action, liability, loss, cost or expense of whatever nature, arising out of or relating to the tenant's use or occupancy of the facilities and lands owned or operated by any one or more of the Open Doors Missions Relief representatives, or for personal ministry received.

The tenant acknowledges that the use or occupancy of any such facility or land is solely at his, her, or their own risk and the personal ministry was at their own request. The tenant further acknowledge that the granting of this Release is a fundamental condition to his, her, or their permission to use or occupy such facility and land or receive ministry at Open Doors Missions Relief.

The tenant further acknowledges that they have read, understand, and agree to Open Doors Missions Relief guidelines.

Dates of Occupancy Requested \_\_\_\_\_

Occupancy Signature \_\_\_\_\_

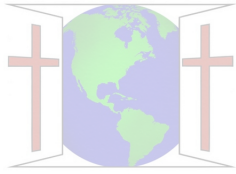
State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by; \_\_\_\_\_ who personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

\_\_\_\_\_  
Notary Signature

Notary Stamp (seal)



## OPEN DOORS MISSIONS RELIEF

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### RESERVATION AGREEMENT

I/We, \_\_\_\_\_, \_\_\_\_\_  
have read and understand the terms and conditions concerning the use of the Open Doors Missions House. I/We agree to comply with these terms in the Policies and Procedures and wish to reserve the Mission House for the dates of \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_. All adults staying must sign and date.

If plans change, I will notify Tonya Deering at 859-262-0859 immediately.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form via email to [opendoormissionsrelief@gmail.com](mailto:opendoormissionsrelief@gmail.com) or mail to our office  
Open Doors Missions Relief, 1001 Boswell Lane, Mackville, KY 40040

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#### For Ministry Use Only:

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Verified to Applicant: \_\_\_\_\_

Signature of Ministry Staff: \_\_\_\_\_