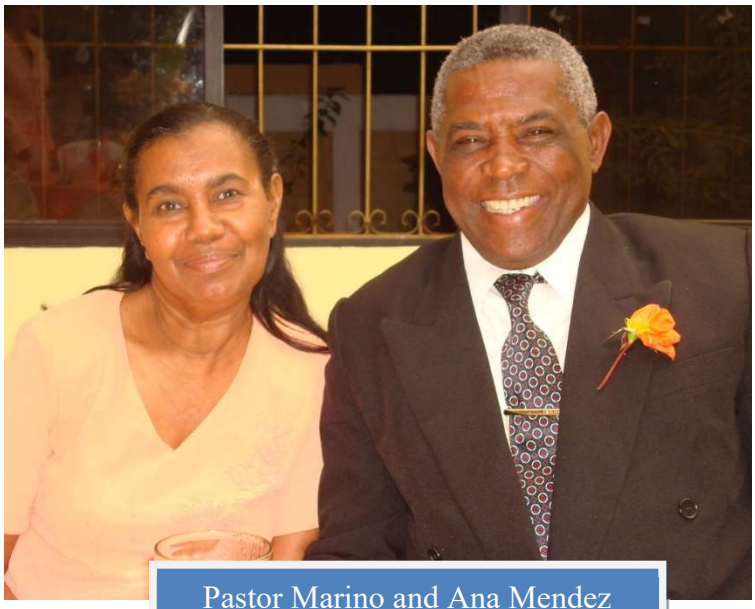
DR Mission June 21-30, 2025

A SHORT-TERM MISSION TEAM
WITH ASON INTERNATIONAL
TO LOS GUARICANOS DOMINICAN REPUBLIC

ASON's mission is to assist national Christian leaders accomplish their God-given visions. We are assisting Pastor Marino Mendez on this journey to the DR. He has a powerful vision and a tremendous growing, community-oriented ministry.



Pastor Marino and Ana Mendez

Team Leader:

Ellen Abramson
Founder and President, ASON International
PO Box 411210
Melbourne, FL 32941
321-757-7252
ellen@ason.org
http://www.ason.org

Ellen Abramson, President
PO Box 411210
Melbourne, FL 32941
www.ason.org

321-757-7252 (Phone)
ellen@ason.org

ASON INTERNATIONAL

October 2027

Dear Friends:

This is your invitation to apply for a place on a short-term mission team with ASON International to the Dominican Republic! You need no special skills or knowledge to join the team, only a solid relationship with the Lord and a desire to share His love with others.

Trip Description: Construction - Santo Domingo North, Dominican Republic
Contact Ellen Abramson for details: 321-757-7252 eabramsonason1@gmail.com
Dates: June 21-30, 2025 (10 days)
Cost: $1,800 plus airfare
Registration Deadline: Jan 21, 2025
National(s) Served: Pastor Marino Mendez

It is with great anticipation that we distribute this news about our opportunity to minister with Pastor Marino Mendez in the Dominican Republic. Those who sign up for the team will be participating with a team of people from several states who will be doing construction on either a new church or a home for a deaf student ASON supports. In addition to the construction focus, there will be opportunity for team members to visit the home of their sponsored children, visit the home of a child you would like to sponsor, as well as using other talents you as a team member bring with you to the field. You will offer your presence as encouragement to our partners in ministry, and we will plug as many of your gifts into the experience as we are able and you desire.

This is a long letter, but every detail in it is crucial for everyone to be aware of BEFORE they apply for this trip. If you are personally interested in being a team member of the DR Mission, fill out the application and send it in by Jan 21. Include your 4-page application (if you have been on an ASON team before, we just need page one of this application), a photo of yourself, and a non-refundable $161 deposit. If you are under 18, also send along the Parent Release & Signature Notarization.

The first financial payment after the deposit is used for airline tickets. See the checklist for all deadlines. In this application packet is a sample prayer letter and a response form for you to use.

If you plan to have your partner/donors receive credit for a tax-deductible donation, have them send the donations either through your church after getting their permission, or directly to ASON. Response forms for both scenarios are part of this application packet.

If you are not able to go, there are other ways in which you can participate in the mission:

- Give this information to someone who might like to go,
- Keep this information and pray for us as the team is assembled under God's supervision,
-

- Give financially toward others who are going, or for other special needs within the Dominican Republic. (If you are led to give financially, please make all checks out to ASON International and send a note telling us how you would like us to apply the donation.)

Ellen Abramson, your team leader, has led about 174 mission teams and 1,100 participants from over 20 churches to 7 different nations since 1989. ASON International assists national Christians around the world accomplish their God-given visions. On this journey we will be assisting Pastor Marino Mendez accomplish his God-given vision for the DR!

Prepare to stay in a camp setting with bunks. We will make accommodation for couples to stay together if we can but it is not always possible. Team members must have completed 9th grade unless traveling with a parent.

This trip is designed to give the feel for what real missions involve. There is pre-trip training, debriefing on the field and upon your return home. This is NOT a vacation! But it may well be the best investment of your vacation time that you will ever make!

The cost for the ten-day trip is $1,800 plus airfare. The base cost includes all food, housing, transportation, translation, visa fees and entrance taxes, as well as entrances for any cultural excursions we take. It includes costs for the in-country staff to prepare for us and accompany us on our journey. The only expenses not included in this price are food costs on travel days to and from the US, the cost of souvenirs and personal snacks. This price also includes some items that you will have to keep as mementos of our trip: One devotional journal for keeping track of God's lessons during and after the trip, one large duffel bag, a team shirt, document folder, luggage tags with reversible address cards, and the essential water bottle.

One of the two duffel bags per person that team members will receive will be filled with gifts of clothing and supplies and will not be the property of each team member.

Each applicant must have the recommendation and support of their church if they are to join us. All approved applicants must be Christians of good standing in the church and the community. This is not a trip to straighten out confused youth. Nor is it a trip for people who are not growing in their faith. It is a trip for teens and adults who want to experience the mission field first hand. It is a time for discipleship; for adults who are growing in their faith and listening to God to serve with one another and to serve as examples to teens with whom they will rub shoulders and serve with. As directors of this trip we reserve the right to reject an applicant in those extreme cases when we feel they would not be fit for the trip because of their age, or physical, emotional, spiritual or other reasons.

Please read this information carefully, pray and then fill out your applications and invite others to fill out their applications and mail them to me with a personal photo and $161 non-refundable deposit by **Jan 21, 2025.** All those under 18 also need to include their Parent Permission and Signature Notarization form even if your parent is traveling with you.

A word about your deposit: Your deposit is non-refundable because it pays for deposits on things that we pay for well in advance of the trip.

Regarding cancellations: the balance of your account will be applied to the needs of other team members or in-country needs if for some reason you need to cancel. If you think that you will participate on a different ASON mission within a year, we can apply the funds to that team mission.

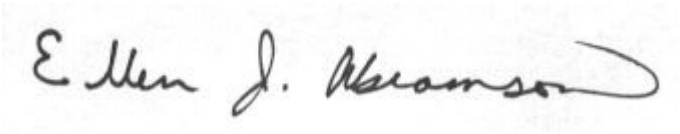
All money paid except the $161 deposit is transferable until such time as airline tickets have been purchased. If we have already purchased your airline ticket when you cancel, the ticket value can be used by you within a

year for another mission with ASON, or the value must be transferred to a travel bank and used by another mission team member.

If you need to be in touch with me during the process of team gathering and training, please feel free to call or e-mail.

God bless you as you consider your own involvement and that of others around you. I'm in prayer for you and all those who will be part of this endeavor for God's glory.

Serving the King,



Ellen J. Abramson
Founder and President, ASON International (Team Leader)

Checklist for ASON Mission Teams

Your local coordinator will be keeping a copy of this checklist in a file for you. You might find your copy helpful in keeping track of progress for yourself.

ASSIGNMENT **(all papers/photo may be scanned/e-mailed to ellen@ason.org)**	DEADLINE
1. Application, personal photo, $161 non-refundable deposit, and Parent Release Form (if under 18)	Jan 21, 2025
2. Team introduction to church	Soon after application deadline
3. 10 or more prayer letters out	Jan 26, 2025
4. Passport applied for (Those who have passports, please check passport expiration date; must be good for 6 months past departure date! VERY IMPORTANT TO DO THIS ON TIME!!	Jan 26, 2025
5. Minimum 3 Prayer supporters recruited and prayer partnership begins	Feb 9, 2025
6. All participants must attend training classes (12-15 hours) or work through self-study manual	Dates to be set locally
7. Bible study #1 complete	March 16, 2025
8. 1/3 of manual complete	March 16, 2025
9. Financial payment approx. 1/3 total cost of trip $800	**March 16, 2025**
10. Physical/Immunization **check and schedule**: consult with your physician or travel clinic regarding your need for Hepatitis A and B immunizations, tetanus booster, typhoid, measles, & adult polio vaccine or other immunizations for travel to Ghana. Yellow Fever and yellow cert form REQUIRED for Ghana. Malaria med required for Ghana. ASON requires tetanus shot within 7 years for DR.	April 13, 2025
11. Bridge Illustration Titles Memorized	April 13, 2025
12. Medical Release Form, AND Medical Exam\Information page (PLEASE USE ONLY ASON forms and do not send other details from your school or doctor's offices.)	April 13, 2025
13. Bible study #2 complete	April 13, 2025
14. Passport in hand, copies to ASON (For Ghana and India send **passport itself** rather than a copy, and 2 passport photos to ASON for obtaining visas!)	April 13, 2025
15. 6 memory verses memorized	April 13, 2025
16. Second financial payment approx. 1/3 total cost of trip - $800	**April 13, 2025**
17. Mission book read	April 13, 2025
18. All 12 memory verses complete	April 13, 2025
19. Bridge Illustration memorized	April 13, 2025
20. 2/3 of manual complete	April 13, 2025
21. Final Payment due (ASON will send an invoice from which you can pay.)	May 11, 2025

22. Manual complete in its entirety	May 11, 2025
23. Team commissioning at your church	Sunday, June 15 if possible
24. Begin Team Journal	Day of departure
25. Debrief party after return home	To be determined
26. Team report to your church	To be determined

Team Training Meeting Dates: (To Be Determined) – record them below when they are set:

Dear Ellen:

We would like to support the short-term mission ministry of _____ to _____ _____.
We are:

_____ Enclosing a check made out to ASON International. We understand that all funds sent for this team member will be applied to their mission team fund. Any funds that this team member receives above and beyond their needs will be applied to the needs of other team members and to needs on the field.

_____ Praying for this team



Name_____

Address_____

City, State Zip Code_____

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Please **make checks out to ASON International** and mail them to:

ASON International
PO Box 411210
Melbourne, FL 32941

All gifts are tax deductible. But, please do not write anyone's name on the check. The IRS will not allow us to make this a tax deductible gift if you do. This response form will insure that your gift is applied to the right fund. If you would like to donate by credit card please fill out the following: or go online to https://www.ason.org/Make a Difference/Mission Team Donations. Be sure to put the name of the team member in the note field so that the funds are applied to the correct place!

_____ Please charge my credit card $_____ (amount) to help _____(Team Member's Name) with their mission

Account Number: _____

CVV Code (3 digits from back of card)_____

Name (as it appears on your credit card): _____

Phone number: _____

E-mail Address: _____ Expiration Date of credit card: _____

Signature: _____

FOR FLORIDA RESIDENTS, A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 800-435-7352. PLEASE REFER TO REGISTRATION NUMBER CH2674. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE..

ALL DONATIONS TO ASON ARE INCOME TAX DEDUCTIBLE, NON-REFUNDABLE AND MADE WITH THE UNDERSTANDING THAT ASON HAS COMPLETE DISCRETION AND CONTROL OVER THE USE OF ALL DONATED FUNDS.

Dear Ellen:

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We are:

_____ Enclosing a check made out to ASON International. We understand that all funds sent for this team member will be applied to their mission team fund. Any funds that this team member receives above and beyond their needs will be applied to the needs of other team members and to needs on the field.

_____ Praying for this team



Name_____

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Dear Ellen:

We would like to support the short-term mission ministry of _____ (team member's name) to _____**(Location/Dates)**. We are:

_____ Enclosing a check made out to _____church. We understand that all funds sent for this team member will be applied to their mission team fund. Any funds that this team member receives above and beyond their needs will be applied to the needs of other team members and to needs on the field.

_____ Praying for this team

For sending donations to church.

Name_____

Address_____

City, State Zip Code_____

==========

Please make checks out to _____ (church name) and mail them to:

Church Name_____
Address _____
City, State Zip Code _____



All gifts are tax deductible. But, please do not write anyone's name on the check. The IRS will not allow us to make this a tax deductible gift if you do. This response form will help us apply your gift to the right fund.

Dear Ellen:

We would like to support the short-term mission ministry of _____ (team member's name) to _____**(Location/Dates)**. We are:

_____ Enclosing a check made out to _____church. We understand that all funds sent for this team member will be applied to their mission team fund. Any funds that this team member receives above and beyond their needs will be applied to the needs of other team members and to needs on the field.

_____ Praying for this team

For sending donations to church.

Name_____

Address_____

City, State Zip Code_____

==========

Please make checks out to _____ (church name) and mail them to:

Church Name_____
Address _____
City, State Zip Code _____



All gifts are tax deductible. But, please do not write anyone's name on the check. The IRS will not allow us to make this a tax deductible gift if you do. This response form will help us apply your gift to the right fund.



Medical Exam/Information Page

(Must be submitted by every team member.)

Name_____ Age_____

Address_____

Phone _____

City_____ State, Zip_____

Insurance Company_____

Policy #_____

Date of last tetanus shot (the only required immunization)_____

List any medications you take regularly_____

Note: Be sure to take an ample supply for the entire trip. Please bring a written prescription from your doctor to give to your Team Director just in case your medications are lost, and to verify to customs officials that the medicines you carry are prescribed!

List those things to which you are allergic _____

List any physical disabilities_____

In case of emergency, please contact:

Name_____ Phone_____

Address_____

City, State, Zip_____

Relationship_____

FOR YOUR DOCTOR TO FILL OUT

1.) I have **examined** _____ and find him/her to be in good general health and physically able to take part in a mission trip to _____ (Fill in team destination).

2.) **Conditions** that the team director should be aware of_____

_____

3.) I've discussed with this patient the pros and cons of the immunizations/meds recommended by the CDC for travel to this country : As a result they have received _____

_____as a preventive measure.

4.) This patient's **tetanus and polio boosters** are up to date.

Doctor's signature_____ Date_____

Medical Release Form

(Must be signed by every team member over 18, and by parents of those under 18.)

Name_____

Address_____ Phone _____

City_____ State_____ Zip_____

In consideration of being allowed to participate in the trip to _____ (write the team destination) sponsored by ASON, International _____, (fill in team dates) and in consideration of the benefits to be derived there from, I hereby release ASON's Trip Director, ASON, International and its present and former trustees, officers, directors, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in the trip.

I recognize that the conditions in some of the places to which my child or I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to my property, and me and I enter into participation in this trip with knowledge of those risks.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of a lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation on this trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, or territorial law or statute providing in substance that release shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service.

Participant's Signature (if over 18) _____Date_____

Parent's/Guardian's Signature (for applicants under 18)_____ Date_____



Parent Release & Signature Notarization
ASON Mission Team

(This page needs to be completed for participants under 18 years of age by one of their parents, or by their legal guardian. The parent or legal guardian's signature must be notarized.)

As the parent or legal guardian of _____ (participant's name), I give my permission for him/her to participate in the ASON International Mission Trip to _____ (destination) from _____ through _____ (trip dates). In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every effort will be made to contact me before these actions are taken.

Signature_____ Date_____

(Sign in presence of notary)

Relationship to participant_____

State of_____ County of_____

Sworn to and subscribed to me this -_____ day of _____ (month), _____ (year).

Signature_____ My commission expires_____

Please send a personal photo, preferably digitally. May be an informal photo from your photo album!! ☺

Application for ASON Mission Teams

Please read the attached letter and requirement pages carefully before completing this application. Then, complete this form and return it along with a personal photo and a $161 non-refundable, transferable deposit in the form of a check made out to ASON International. You may also pay online at https://donations.ason.org/mission-team-donations-c31.aspx send all documents as pdf by e-mail, and photos as jpegs by e-mail. If you are going with a group from your church, give your deposit and your application to your church coordinator and they will send me one payment to cover all the deposits for those participating from your church, along with all of your photos and applications. If sending by mail, address to ASON International, PO Box 411210, Melbourne, FL 32941 (eabramsonason1@gmail.com) (Ph) 321-757-7252) If you are under 18, you must include the Parent Release and Signature Notification Form with this application.

APPLICATION DEADLINE: 6 months before departure

Which mission team are you applying for:

DATES LOCATION

NAME (as it appears on your Social Security Card/Passport)

NICKNAME WHAT DO YOUR FRIENDS CALL YOU?

AGE SPOUSE OCCUPATION

FATHER/MOTHER (TEENS ONLY) GRADE (FOR TEENS)

ADDRESS PHONE #

CITY STATE ZIP

E-MAIL WHATSAPP PHONE

T-SHIRT SIZE BIRTHDATE

HEALTH INS. CO POLICY #

Name/Phone/E-mail of person you'd like to contact with updates while we are on the field:

NAME PHONE # - WITH AREA CODE E-MAIL (most helpful)

Will your insurance company cover medical expenses in another country?

KNOWN TRAVELER NUMBER (TSA/Global Entry, etc.)

FREQUENT FLYER # (JetBlue, United, Delta)

NAME OF YOUR CHURCH

CHURCH ADDRESS

Describe your relationship with Jesus Christ.

Describe your relationship with your church.

Describe any contact you have had with other cultures.

Why do you want to go on this project?

Have you ever considered being a missionary? What has influenced your thinking about missionary service so far?

What do you think are the primary strengths that you would add to this team? Please include both personality traits and practical skills - construction, electrical, plumbing, painting, teaching, music, ...or other experience.

What weaknesses would you bring to the team?

Give the names of at least two friends who can give an honest evaluation of your relationship to Jesus Christ, and of your witness at school or on the job in word and action.

Give the name of one adult who can give an honest evaluation of your ability to work hard. (Students only)

Share with us how you have VERBALLY WITNESSED for Jesus in the past year. (flyers, door-to-door, talk with friends, ...) and how you have SERVED others in Jesus' name this year (Angel Tree, helping neighbors without pay, etc.)

Have you lived before the non-Christian world in a way that would honor the Lord this year?

Briefly comment on how the Lord has been working in your life during the past year.

What areas of your life would you like to strengthen? (devotions/prayer/selflessness/closer fellowship with the Lord...)

Do you have any allergies, illnesses, or other health problems which could affect your performance on this team? If yes, what?

Is there anything else we should know about you, which would help us decide about you as a team member?

If I am chosen as a member of this team I would like to be involved in the following activities, number 1 being my first choice. We may or may not be involved in these things on your particular mission team. Fill it out as though we were so we can get to know you.

working with a puppet team

playing guitar or keyboard for team singing

leading team singing

leading team studies and debriefing meetings

other (medical, etc.)

arranging lessons for VBS

helping in VBS

door-to-door evangelism

teaching discipleship classes

Do you speak languages besides English? Which one(s)? How well?

I have participated on (how many?) short-term trips. Where? When? Through whom?

Describe leadership positions you have held.

Will you abide by the cultural restrictions and staff rules that are necessary on a mission project?

Write out a Scripture verse to back up your answer.

Evaluate yourself in each of the following areas by giving yourself a number from 4 to 1 that best describes you: 4 is Very Good and 1 is Needs Improvement.

Relation to the Lord

Leadership Potential

Respect for authority

Positive Attitude

Sense of responsibility

Flexibility/Adaptability

Ability to Get along with others

Sensitivity to others

Ability to Work Hard

Servant heart & attitude

I am aware of the requirements for all members of ASON teams. I agree (as much as it is within my power) to fulfill these requirements and to be a positive participant on this team. I understand that failure to meet these requirements could be grounds for dismissal from the team.

SIGNED_____ DATE _____

PRINTED NAME_____

- -

Please have a representative from your church read and sign below.

I have interviewed_____ and feel that they would make a good team member for one of ASON's short-term teams. They are actively growing as a believer and would be a great servant for the kingdom. They have my hearty recommendation.

SIGNED_____ DATE _____

PRINTED NAME_____